THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. XI. TORONTO, NOVEMBER, 1915. No. 11

ACUTE POLIOMYELITIS, OR INFANTILE SPINAL PARALYSIS

By Dr. McCuen

It is an acute disease essentially of children, though occasionally occurring among adults, characterized by sudden complete loss of power in one or more limbs, followed by wasting of the paralyzed muscles and interference with growth of parts. There is no sensory disturbance. Sometimes the disease is epidemic, though sporadic cases are common.

Etiology: Season has a direct relation to occurrence of disease, as it is most severe in hot weather, as in June, July, August or September. It occurs equally in both sexes, and is not in the least hereditary. The majority of cases occur during second and third years; after six more rare.

It is directly due to specific germs, though this has been proven recently in the laboratories and hospitals of Boston. The germ is amoebic in character and in some respects resembles the germ of sleeping sickness.

In New York in 1907 there were 2,000 cases, with a death rate of 6 to 10 per cent. of cases. Death is rare in sporadic cases. Death is usually due to respiratory paralysis and occurs from fourth to sixth day of attack.

It is contagious, as has been seen in tenements, children moving into tenements where the disease has been and afterwards contracting it.

The virus is eliminated by the naso-pharyngeal mucosa, and it is known that acute infectious diseases have occurred at onset of disease. Exposure to cold or sudden check of perspiration has been known to precipitate an attack, but infection is at the root of the disease, causing a vascular disturbance, particularly noticed in the vessels in the anterior portions of the spinal cord, though other portions may be affected.

Morbid Anatomy and Pathology: The meninges are congested and hemorrhages into them are a common occurrence. In cases that prove fatal rapidly, meningitis is generally present. Atrophy of the unnourished portions of the cord takes place, due to the congestion of

vessels, and finally thrombosis, and the motor neurons degenerate. A germ such as already described is at the basis of the pathology.

Symptoms: Usually the onset is a fever, rising to 102-103 deg. F. and convulsions in infants. Sometimes there is considerable malaise and dull aching pain in the back and neck, and in the limbs that will finally be affected. Chills followed by sweating is a common thing. Sometimes the onset is severe and the patient becomes delirious from the first, the control of the sphincters is lost, the back is retracted and the muscles rigid. However, in sporadic cases these latter symptoms are rarely seen. Prodromal symptoms continue for about eight days, then temperature falls to normal, having had slight morning remissions and evening rise.

Paralysis sets in usually about the second day. If the child is very young or in bed it may not be noticed for some days. Both legs or both arms or only one leg may be involved. In older people the paralysis sets in in about twenty-four hours. Rigidity of spine and neck is common and may suggest meningitis. Children during the onset will cry and, if old enough, will complain of pain in the back and limbs. There is no tendency to bed sores or trophic changes of the skin, nor complaint of numbness, nor any loss of sensation. But the limbs, especially the joints, are tender on moving. The paralysis is more widespread after onset than later, as the permanent paralysis is usually found in one limb, and sometimes the neck muscles are weak and swallowing difficult, especially in paralysis of arms. The paralysis begins to subside in from one to eight weeks, the time varies, and then steadily subsides, but only after three months can one determine the muscles that will eventually be paralyzed or recover.

The muscles paralyzed undergo atrophy, and this is sure to be more rapid or complete in those permanently paralyzed. The paralyzed muscles are relaxed, never rigid, and there is a lack of response both in the muscles and their nerve supply to faradic stimulus. But there is a greater response in these muscles to galvanic stimulus, but later it diminishes and soon is altogether lost.

Circulation is impaired in the affected limb, which is cold, blue and flabby, but not edematous. In some cases the bone is hampered in its growth, causing a shortness in limb later. This is found to occur in fully 75 per cent. of cases, but in 25 per cent. of cases there is no febrile onset. The child, quite well, is suddenly smitten and paralyzed in one or more limbs, and it gives no sign of pain or being ill. In these cases atrophy and vaso-motor disturbances soon follow, and there is no tenderness or pain on motion. There may be a different pathological basis in these two types of cases.

The leg is the limb usually paralyzed, and a thigh and leg type is described, and according to the muscles paralyzed the deformities

appear. In some cases nearly all the muscles of an extremity may be affected, and then atrophy is general throughout the limb.

The progress of the disease may be divided into stages. First an acute onset, then a stage of maximum intensity, lasting from one to six weeks, followed by a stage of gradual improvement, which may extend from six months to a year; then a permanent chronic condition.

There is no reason to fear a fatal termination once the acute onset is past.

Treatment: Keep the child quiet in bed and apply mild counter-irritation along the spine, such as mustard paste, removed as soon as skin becomes reddened, then re-applied; or dry cupping along the spine. Frequent bathing with alcohol and cold water, if temperature goes above 101 degs. F. Do not use antipyretics, especially coal tar products.

Urotropine may be given by mouth, one grain every six hours (g/6 h) for first ten days to a three-year-old child. This drug results in the appearance of formaldehyde in the cerebro-spinal fluid. Free purgation, castor oil perhaps best, as the infection may have its origin in the intestines, or perhaps the toxin is produced; then bromide or bromide and codeia for convulsions.

Rest in the prone position is better than on the back.

Naso-pharyngeal secretions should be disinfected and destroyed. After the acute stage has passed nourish the child well and keep limbs warm. Iodide of potassium may be administered. When paralysis begins to subside give strychnine in full doses three times daily, and it is best to intermit. The degree of effect of drug is indicated by the muscle jerk or response. Keep the paralyzed limb well nourished and preserve function of it by skillful massage, hydrotherapy, and electricity. Massage twice daily, and combine with such attempts at actual movements as the child is able to make. Use any mechanical device attainable to get the child to use the limb. Warm baths, or if the child is small let him play in bathtub, with brisk rubbing afterwards.

Electricity has no influence whatever upon the course of the disease. It does not affect the lesion in the spinal cord in any way, and its application to the spine is altogether useless, but application to the muscles may be of great service in two ways. It first causes their contraction, thus exercising them when voluntary exercise is impossible. Secondly, by promoting chemical changes in the muscles, which is essential to their growth and nutrition.

Interrupted current should be used with a finger key and each muscle treated for about three minutes daily, fifty to sixty interruptions per minute being made with finger. When interruption in current does not produce a prompt effect, alternation may do so. And it

must be remembered that the application of electricity is more painful in these cases than in health.

Deformities occur from strong contracture of a healthy muscle against its paralyzed opponent, and in such cases tenotomy is indicated. This may only be preliminary to the proper application of apparatus by means of which the paralyzed muscles are reinforced. Portions of tendons of healthy muscles may be attached to the paralyzed ones about the ankle, knee, or any point in order to make healthy muscles do work of the paralyzed ones. Grafting a normal nerve into the affected one has been tried, to innervate the paralyzed muscle, and a good result is reported at present.

CLASS INSPECTION BY THE SCHOOL NURSE

By Miss R. Jeffers, Vancouver, B.C.

School nursing is fast becoming of recognized importance in Canada, and from a small beginning has rapidly gained in scope, each year opening up new avenues of work. In Vancouver the work comprises sanitary inspection of school buildings, class inspection, school clinic, dental clinic, home visiting, relief work, and teaching of home nursing to the senior classes, which was commenced this year.

One of the most interesting phases of school nursing is that of class inspection. The immediate object of this branch of the work is to educate the child in personal cleanliness and hygiene, but in many cases it is more far-reaching in its effect, and has an educational value to the parent through the channel of the child. The child is no sooner launched on his school career than he learns that the family toothbrush is an abomination, or that in the absence of the family brush, that it isn't exactly hygienic etiquette for the family to use the boarder's brush in his absence.

Every child is asked to get a toothbrush, and in cases where this is impossible through poverty a brush and tube of paste has been provided. They are instructed in the proper use of the brush, and a record of the number of children who cleaned their teeth before coming to school in the morning is kept on the blackboard daily. This competitive plan is a stimulus to the child and is most valuable in fixing the care of the teeth as a regular habit.

The parent also learns through the child that keeping the nasal passages clear will help to prevent formation of adenoids and catarrhal disturbances. Hence a handkerchief becomes a part of the daily apparel, and if it happens to be a nice clean one you will usually find it pinned, unfurled, to the front of the pinafore. Nose drill has become a part of the regular routine work of the primary classes.

Also, the young scholar soon learns that anything less than a

weekly bath and change of clothing is not tolerated in good society, and that twice a week or oftener gives him decided caste. Thus, they are always proud to announce to the nurse on her visit whenever they have overstepped the margin of mere decency.

Then we have the fresh air talks, proper ways of ventilating sleeping rooms, etc., all of which permeates into the home in the majority of cases, as the child is always eager to relate at home anything new that he has gleaned through the day.

The routine class work of the school nurse in Vancouver is, briefly, as follows: After taking the ventilation and sanitary condition of the room the nurse makes the usual inquiries about the teeth and number of handkerchiefs, and in the primary classes, which we consider the most important stage for the grounding of habits, brief health talks follow. In the senior classes the talks are more of a personal nature, and occur as each case demands.

The boys and girls are taken separately into the adjoining cloakroom, when such is available. They are asked to roll the sleeves to the elbows and unfasten the collars. Then they pass in succession before the nurse, each one showing the arms, chest, throat and hair. A glance is sufficient to note the presence of dirt, skin eruptions, sore throat, pediculosis, discharging ears, poor clothing, deformities, etc. This is the golden opportunity for individual work. It may be an admonishing word to Mary Smith on the habit of biting her fingernails, or perhaps lack of care of the nails. Tom Jones is wearing tattered shoes and garments. A few questions on the side reveals the fact that his father has been out of work for some time, with a large family to support. Here is the clue most often to our relief work. Next comes apathetic Christine. A glance is sufficient to satisfy you that Christine has just recently hailed from the land of the thistle, and her lethargy is caused by an excess of clothing. It is no exaggeration to say that in many cases of Scotch children I have counted seven layers of clothing, five of them of the heaviest wool, and there the child swelters in a room of 68 deg. Down the line is a pale-faced tired-looking lad, who begins to yawn before he has well begun the day. We find that he sleeps in a room with five others, and all windows closed to avoid draughts.

All cases requiring attention are noted. Cases of blepharitis, infected wounds, impetigo, etc., are sent to the medical room at once for treatment by the nurse. Other cases, such as pediculosis, ringworm, skin eruptions, etc., require a note to the parents, and in some cases exclusion from school. Others require a visit to the home after school hours.

In order to get the best results in class work, we need the sympathy and co-operation of the teacher, as each class is only inspected

once a month. The children are bound to lapse into carelessness unless cleanliness is insisted upon daily. Unfortunately, there are always a few whom we seem to fail to reach, but when we see the homes of filth from which they spring we realize what a handicap is placed upon the child, and can only hope that some day, possibly in some other surroundings, the teachings of their youth may not all have been in vain.

THE POSSIBLE AMALGAMATION OF VISITING, HOURLY AND HOUSEHOLD NURSING

By Mrs. John H. Lowman

I thank you very much for the opportunity which you are giving me to express the view of an associate member of the National Organization for Public Health Nursing of the need for a more general distribution of the benefits of skilled nursing care for the sick in their homes, and I am glad that this organization makes it easy for laymen and nurses to take counsel with one another at these annual conferences, since their experience in the practical domain of public health work must inevitably be shared in common. They need one another in consultation, as well as in practice, and ought to strive seriously together toward a better understanding of the whole problem of public health nursing in its relation to the home care and education of persons in all walks and classes of life, without distinction or difference. It is a very significant fact that visiting nurse organizations in this country employ hospital graduates, rather than women of uncertain standing and unvouched-for acquirements. Even twenty-five years ago the early associations were impeccable on this point, and the tradition has remained intact. A group of persons which makes itself responsible for the welfare of the sick and for the wise expenditure of funds held in trust will, of course, use every means in its power to select its agents wisely. Then again, such a group does not feel the pinch of the private purse or the hurry and anxiety of personal affairs, it is in a measure detached from the very things that confuse and distort the judgment. Moreover, such a group of people always employs a woman of high professional training to assume charge of technical nursing matters, and therefore acts with a corporate wisdom sometimes at variance with the knowledge that its individual members may possess on these same matters. The keynote of its conduct is responsibility, painstakingly carried and accounted for. It therefore seems to me that such groups of responsible citizens are peculiarly qualified to help in the work of extending a well-regulated nursing service to a very much larger number of people than are now being reached by individual nurses; and this conference of nurses and laymen gives the

opportunity needed for a full and free discussion of this subject in all its bearings.

In Mr. Bradley's earnest efforts to organize bureaus for the support of nursing on a moderate fee basis, we have abundant proof that a layman's eye has seen what the accustomed eye has too long overlooked and that is, the need and right of persons of moderate income for more consideration at the hands of society as a whole than they have hitherto received. The question now is, of course, how we can best meet this need and what compromises and combinations must be effected in order to remedy a system of nursing which unconsciously has organized itself to provide home care more especially for the needs of the rich and of the poor, somewhat to the detriment of the intervening classes. It is not surprising that conditions should be as they are, because the very rich and the very poor have always captured the imagination and the interest of the public. Whether they will or no, it is they whose deeds and attitudes appear in flaming headlines in the press and whose extravagant disorders or cruel necessities supply the note of dramatic interest which insures to them the leading parts on the world's stage. What could be more natural than that the great masses of steady toilers should be protected by their own quiet routine industry from the quips and pranks which fortune loves to play upon leaders and stragglers alike? The rear and the van are exposed to dangers and vicissitudes which the solid ranks between are usually more likely to escape. However, there is something not altogether healthy about our attitude toward such facts and events in life as afford us sensational excitement, and it seems to many persons that the time has certainly come to think more earnestly of modern society in relation to its protection of the sober, industrious, average householder.

Of course, lying back of the entire problem, as far as the nurse is concerned, is the necessity of receiving adequate compensation for the skill she has acquired, and this compensation, under the existing state of things, she can receive only through individuals who retain her in their personal service, or through groups of individuals who engage her to nurse other persons and who pay her from funds subscribed at their solicitation, or through still other groups of persons who represent state, city or town governments, and who pay her from the collective treasure of our taxes. Heretofore, neither of these two latter collective systems for furnishing nurses has seemed to be available for the self-respecting family, which pays its way and foregoes all thought of luxury, especially luxury at the expense of other people. Thus the rich, and their dependents, the poor, have involuntarily entered into an arrangement by which the comforts and luxuries of skilled nursing service are provided either as a gift, or at a nominal figure, to people

who are either very poor or in danger of becoming so, while the great bulk of the nation is at the mercy of such unskilled care as, under our faulty system, small purses command. All this Mr. Bradley has very eloquently set forth, as have also Dr. Frankel, Mr. Hoffman and others who have looked at medical and nursing care in their relation to the general public health.

In order to meet the need of people of moderate incomes, are we to increase the quantity of nurses at the expense of the quality of standard; or are we to increase the number of really skilled women, and at the same time train an army of responsible "assistants" to relieve them of such offices as do not require technical skill to perform, thus enabling the graduate nurse to give supervisory care to many homes when she normally would care for one person only? The plan for working out a satisfactory program of this kind must, of course, be left to persons who are cognizant of the many and varied facts involved and the changes which will have to be made to meet the extension of service without sacrificing to it any of the valuable standards which time and disinterested efforts have secured for the graduate nurse.

The requirements of nursing education are very little understood by the public in general, and when there is illness in a family the question of the family budget is necessarily uppermost when it comes to the selection of someone to give nursing care. I have frequently noticed that only the most thoughtful members of the medical profession realize the value of highly-skilled sick-room care in the interim of their visits; so that, between the indifferent or hazy attitude of mind of the physician and the desire on the part of the family not to exceed an expenditure commensurate with its funds, all kinds of young persons in white aprons and hospital caps pass muster as nurses and are frequently left in positions where the gravest responsibility rests upon them.

In former times, when a member of the family, a friend or neighbor cared for the sick, equally grave responsibilities had to be met by inexperienced persons; but under this system several dangers were obviated which now, unfortunately, exist; the attending physician was at least under no illusions concerning the degree of skill possessed by the interim caretaker, and the caretaker herself was not possessed of the degree of knowledge qualified by sages as a dangerous thing. Her services were given voluntarily, from a feeling of friendship and an earnest desire to help the sufferer, and this ensured the performance of the duty to the best of her ability, however small or great that might be; whereas in the case of a partially trained woman who is earning her living by such work, there is no similar guarantee of honesty and painstaking effort. Moreover, since the public remains so unaware of the basic facts concerning the education of nurses and the importance

of a recognized and accepted standard for such work, the average person will often find himself paying three-quarters as much, or even as much, for an untrained nurse as for one who has complied with the requirements of a thorough nursing training. When it is a question of gold or silver we demand the number of carats or the mark of sterling. We insist upon knowing the degree of alloy before we make our payment. Such precautions, if valuable in the estimation of material products, ought to be doubly necessary in the protection of human relationships, especially such relationships as are entered into on the so-called business basis. Nothing, however, could be much more unbusiness-like than the proceedings which often mark the selection of the quality and price of bedside care for the sick.

I am reminded, as I write, of one of the Binet tests addressed to school children. "What is a mother," is the question which I have in mind, and the answer is supposed to reveal enlightenment or confusion in the mental processes of the child addressed. I think that the question, "What is a nurse?", if asked of the average adult, would perhaps explain many of the difficulties which stand in the way of establishing a recognized standard of skilled and responsible nursing care.

However, this is a digression from the point at issue, though one which it is only too natural to make, considering how intimately the questions of the degree of training and compensation for service are bound up in the plan of placing good home care for the sick within the reach of a very much larger number of people than have heretofore enjoyed it. Curiously enough, we have all come to consider hospital care in sickness as something which none need feel ashamed to avail himself of, each according to his need and purse. Hospitals receive subscriptions, they are managed by boards of trustees, they are called philanthropic institutions, they appeal constantly for funds and are constantly before the public in the most conspicuous of roles, yet the independent classes are eager to enjoy their benefits. All kinds of provisions are made within hospital walls for all kinds of people. The dependent classes are cared for outright at the expense of kind-hearted contributors to the hospital's fund, and are cared for in the open wards, though, for that matter, persons who have a small competence and who can and do pay a nominal sum for their own care lie side by side with those who can contribute nothing. Persons who can pay a moderate sum have a bed in a room which perhaps contains four, six, or even ten beds; while persons who can pay somewhat more have single rooms to themselves, modest, it is true, but essentially private. Next come the quarters reserved for larger purses, and these vary in kind and degree till we come to fairly luxurious suites of rooms with baths and other accustomed luxuries. According to the amount of money paid, the patient has the attendance common to the hospital,

or special attendance; and the rich feel that by paying for their own care they are helping to support the patients in the open ward.

One point stands out clearly, however, and that is that skilled care and attention are given to every patient alike, and that adequate, responsible supervision preserves and maintains a standard of excellence. The undergraduate nurses who, in the hospital, must also care for the sick in order to learn to be well-trained nurses, are under the immediate supervision of their superiors in skill, and are, in truth, privates in well-officered ranks. We have grown accustomed to the idea of the hospital. It is firmly entrenched in our system and its right to serve the interests of the rich, less rich, poor and dependent classes of society alike is not disputed, nor does any stigma attach itself to anyone who puts himself under such care. However, in the very nature of things it is not possible to provide hospital beds for all sick people, nor would it be possible for all sick people to use them should they be so provided. Indeed, complete hospital provision for sickness would be a very costly matter for society to provide or maintain. Even the poor can, if cared for at home, contribute something toward their own maintenance or, if not, their family members, relatives, or affiliated organizations provide a part of the expense. The roof to cover the man, his food, his light, heat, bed, bedding and some bedside care are usually to be furnished in his own environment. The cause for sickness is likewise more easily discovered in the man's own surroundings, and, moreover, he does not so completely lose his touch and hold on life as "he has to live it" if he can get well in his own home. Even though hospital care is the ideal care for disease, it sometimes is not so good for disease plus the man, as the difficult spot to which he is acclimated and whose privations and discomforts, even in illness, preserve in him an immunity to subsequent hardships. I am not decrying in any way the hospitals; we can never have as many of them as we need, no matter what our effort; but since the greater number of people by far will be born and will die under their own or another's private roof, let us be glad that some advantages may be found for this natural system also.

To return to the consideration of the nursing care of the sick in their homes, we feel that the care of families of all incomes and all classes could be worked out in a way to meet a more general need for good service in time of illness. It will be necessary, however, to remember that only the best nursing service is fit for serious or acute illness, no matter what the income or the calling of the persons cared for. Miss Crandall made this point very clear to me when I first became interested in the subject. I have not forgotten the feeling which came to me in reading her words. It was as though light had been made, where only half light was before.

And now, before proceeding further with this paper, I want to tell

you of an experience which I had in Washington at the time of the International Tuberculosis Congress. Quite a number of people were invited together to dinner at a country club in the environs of the city, and among the guests was the wife of a very distinguished European delegate to the congress. She said to me on this occasion: "Why are we asked for dinner at such a distance, when it could have been arranged for at easy walking distance? You make it so difficult in America for people who have not much money to spend. However," she added, "a little group of us have clubbed together and we have engaged an automobile."

Now perhaps this basis is the basis on which individuals of the smaller purses can meet without sacrificing their independence; the clubbing together, or wholesale basis. And this principle, of course, would operate equally in the case of the nurse. She would be able to work for a somewhat smaller salary could she be guaranteed work for the entire year round, with a vacation period and insurance against accident and illness, than if she stood alone as an individual against the changes and chances of life. I can hear some who will cry out against this as a pernicious recommendation, as an endeavor to cheapen the cost of nursing service, but such is in no sense my idea, I would not have this yearly salary less than the best that a good nurse could make. As for long periods of personal nursing service in the houses of rich people, there will always be enough of such cases to keep busy all nurses who wish for such work.

A change, however, is taking place in nursing, and many nurses now desire the interest and freedom and larger life which participation in municipal and other forms of public health nursing affords them. The human side of the question draws them into many by-paths and they find that not only must they nurse the sick, but that they must instruct the well, they must help hunt out causes and must work in many ways toward the upbuilding of health. Whoever glances up at a crowd of persons walking along a city's streets will be impressed by the lack of vigor and healthfulness which one feels should be a more general possession of the race. Indeed, one is often truly shocked by the evident signs of ill-health which are everywhere apparent. If we should see a basketful of turnips or potatoes or radishes as weazened, scrawny, flabby and generally poor as the forms and faces which pour out of the theatres around us on the afternoon of a matinee, we should ask what soil and what gardener could be responsible for such an output. But there is something about the spirit and purpose of man which so transcends his physical incorporation that in his case we are blinded to much that would make us give heed if we were to encounter it in any of the lower orders of life. Nevertheless, the spirit and purpose would give much more light if wick and lamp and oil were

of better quality, and surely a day must come when the thing that stares us in the face will make itself seen—and that is, the altogether senseless prevalence of feeble people in feeble bodies. Among those who are to bear an increasingly large part in the work of health upbuilding are nurses. In order to do this worthily they must enter all classes of society, they must teach, exhort, demonstrate; they must try with line upon line, precept upon precept to inculcate into the minds of as many people as they can reach the principles which will make health a familiar presence among us. And, since the so-called middle classes are the bulwark of every nation, the nurses should go freely to them, teaching and showing the way to healthier, sounder living.

If a young woman in the highest economic level of society has a child, her physician instructs her painstakingly as to its physical care; he also provides her with a highly-trained nurse, who takes really wonderful care of the baby, so that it grows sound and healthy and strong, like a vigorous plant. Sleep, food, air, times for exercise and times for rest are all duly proportioned to the needs of the babe. When the nurse leaves, the mother almost automatically carries on the system, or teaches it to another. Not so with the child whose hours for sleep and food are irregular, who is taken into the crowded company of adults in shops, in cars, to entertainments of various kinds, who eats candy, cake and popped corn just in time to spoil the next meal, whose warm wraps are not removed in overheated vehicles, and who expiates in countless ways, during most of his waking hours, the heedlessness and ignorance of the mother who herself has never been taught the simple rules which govern a human mechanism. Nurses should enter tens of thousands of homes with instruction, advice and care which are now closed to them because no way has yet been devised to reach the hundreds of thousands of persons who need careful, painstaking service of an educational kind.

"Nurse the home," Florence Nightingale said; and this command to nurses reminds me of the definition of the word "classic" which was given me many years ago, "That which is eternally young." Truly, the expression "Nurse the home" is as imperative and as much needed to-day as in Miss Nightingale's time.

As far as I can see, all the various bureaus for nursing which are now trying to make nursing care available to larger groups of people than have hitherto been served are, in one way or another, subsidized; indeed, most of them are quite openly so. The overhead expense seems to be met through membership in the plan, through an employment fee levied on the nurse's salary, and in various other ways. Thus far I cannot see any principle of coherence and settled standard which would protect the plan of household nursing bureaus from such dangers

and pitfalls as communities and individuals might unwittingly lead it into. It seems to me that it ought to be worked out in a way by which a strong, national, conservative body of principles could be established and maintained. The idea of reaching all kinds and conditions of men with a nursing service which shall consist of a vast army of practical, reliable nurses' assistants, officered by highly skilled nurses, is a great ideal, a great army of privates, with a proportionate number of officers and millions of persons reached instead of hundreds of thousands. The scheme, as I say, is a large one, but for that very reason it must radiate from a small body of clearly defined and well acknowledged principles. In the first place we must all as yet admit the subsidy, for subsidy there is in every case; and, indeed, I cannot see why we should be ashamed of the principle involved in subsidy. The richest man's son or daughter cannot escape attending a college which has an endowment and, indeed, can't begin to pay for his or her tuition, no matter what his will to do so. Few of us look askance at public schools, public libraries, police protection, garbage removal, city lighting, or any of the many other forms of protection which our collective taxes or private endowments afford us. Some persons think that city nurses will in time be accepted without question in the households of all taxpayers. This may be so, but the time seems far off when we could supply the demand for a great increase in the nursing staff of our large cities. However, as I said, in all these systems I fail to find that the householder pays the entire expense of his nursing care, since such care does not pay for cost of supervision and overhead charges and, indeed, if the householder's fee paid for all of these he still would be indebted to the organization, for unless a profit of some kind is made the system is essentially philanthropic. To operate without profit is only one degree less philanthropic than to operate with a deficit.

The only really straight business proposition which I have heard of in this line is the hourly nursing service of the New York Nurses' Registry. These nurses, through combination and co-operation, have apparently fixed upon a moderate scale of charges which yields them a profit, while still enabling them to extend the benefits of trained nursing to many persons who heretofore have not been able to secure such service. I cannot see any way to give a wide extension to a general nursing service which shall serve all kinds of people alike, as does a hospital, except in an associational form which shall provide both for continuous and visiting nursing in the home, the word 'visiting' in this sense meaning, of course, visiting in contradistinction to resident. And since, without a miracle like that of the loaves and fishes, hospital graduates cannot take care of more than a small part of the illness in so vast a country, it should be their duty and their privilege to see to it that they have responsible assistants to work not only under their

supervision, but to a certain extent under their jurisdiction. If they offer to these assistants their protection they must also exact, or at least expect from them, loyalty.

For my own part I cannot see why an old and well established Visiting Nurse Association and a strong Graduate Nurses' Association, both operating together in the same city on a joint committee, could not work out a safe and practical system by which nursing service could be immeasurably extended in its scope and an assistant nursing service kept within its legitimate bounds of usefulness. I have in mind two distinct organizations of this character. These associations already have behind them the traditions and force of firmly-established institutions; they embody the highest ideals of the nursing profession, together wih the spirit of self-sacrificing service which has made the visiting nurse a power in the land; and their organization is built upon firm foundations of settled and acknowledged principles. The expenditure of time, energy and money which is always required to build up any new institution has been fully and ungrudgingly paid in the past by them, together with the debt which every new endeavor exacts from inexperience. The way now lies open before them to turn the abundance of their rich experience into new channels of service and helpfulness. Behind these two bodies stand strong, conservative groups of citizens who have grown with the growth of these organizations and are an integral part of them, and who, from long experience, have also learned somewhat of the difficulties as well as the incentives to action which accompany the extension of any work. These groups of laymen and nurses can, I am sure, mutually help, support and stand by one another until a system of nursing which shall include in its scope all classes of society can be evolved along the broad and generous lines now indicated to us at each of the national meetings, by persons who, standing outside of the profession of nursing, have seen the greatness of the land which you, as nurses, can enter into and possess.—*The American Journal of Nursing.*

CORRESPONDENCE

The following letters from the Front which have been kindly forwarded to us will be read with interest:

"I wonder whether the absolutely true story has reached your ears of the Angel Guard at Mons, when our small army was nearly annihilated? 'They were almost helpless when, to their amazement, the Germans stood like dazed men and never so much as touched their guns nor stirred till we (English) had escaped by a cross road; a troop of Angels came between us and the enemy.' Another account: 'While he (the officer) and his company were retreating after Mons

they heard the German cavalry tearing after them. They saw a place where they thought a stand might be made with sure hope of safety; but before they could reach it the German cavalry were upon them. They therefore turned round and faced the enemy, expecting nothing but instant death, when, to their wonder, they saw between them and the enemy a whole troop of Angels. The German horses turned round terrified and regularly stampeded, the men tugging at their bridles while the poor beasts tore away in every direction from our men. This officer swore he saw the Angels which the horses saw plainly enough.' Another: "Thirteen men in a quarry all saw the Angels, and among the mass of the army some saw and some did not. Two colonels said they had seen them, one of whom until then had been an unbeliever. But all saw the salvation of this remnant of an army.' From another source: 'Many prisoners were taken that day who surrendered when there was no call for it. In England it was suggested that these were underfed and did not want to fight. Some of the German prisoners were afterwards asked why they surrendered, "for there were many more of you than of us; we were a mere handful." They looked amazed and replied: "but there were hosts and hosts of you." It was thought that the Angels appeared to them as reinforcements of our ranks.' "

"One of our nurses at Blue Sisters—an Irish girl in the Queen Alexandra, or Expeditionary Staff—took ill, and went to the hospital at Floriana and died there in three days. She had an attack of diarrhoea, but it seems that a while before coming out here she was operated on for ulceration of the stomach, and this attack brought on the old trouble and she rapidly got worse. This nurse was given a military funeral, which of course was a very unusual thing, and I was very glad to have attended it, for one may never see the like again.

The cortege took place from what is called the Maisa Canteen, which, as I understand, is a sort of barracks, where there was a small chapel attached. She was a Roman Catholic, so a Priest officiated. We all drove out to this place, 40 or 50 nurses in all, and met there. In front of the building, lined up, was a company of soldiers—the firing party—and also about 20 R.A.M.C. men. The casket was placed on the gun carriage with the Union Jack over it, and on this were two crosses in flowers. Then the men marched two and two on either side of the gun carriage, the band in front. Next came we nurses, marching four abreast; then the R.A.M.C. men, each carrying a wreath or some floral emblem sent by various hospital nurses or private individuals, and last came members of the staff and the Governor's aide, to represent him. We marched some fifteen or more minutes to the Addelorata Cemetery (R.C.) and as we reached the gates the gun carriage passed through, the band and men remaining in line outside. We nurses fol-

lowed. Then came the firing party and buglers. The casket was removed and taken up to a flat stone foundation, where a slab from it had been removed, and at the head of it stood the Priest. The coffin was placed alongside. We nurses stood opposite, the representatives (staff, etc.) to the left, the buglers in front of us, and the firing party to the right, forming a square, as it were. After the service, chiefly in Latin, the "last call" was given and the volley fired. We remained only a short time after and then drove back to the hotel, for it was late. If I get a cutting from the paper I shall send it. Needless to say, the whole thing was an awful shock to us all, for the nurse, a Miss Walsh, looked a healthy woman.

Patients are coming and going, room being made as quickly as possible for new ones. And with it all we got the news—whether true or not, yet to be proved—that a hospital boat with some of our men on it, which left a few days ago, has been submarined.

One of the men who went over in one, some two or three weeks ago, wrote back to one of the nurses saying he had seen two English boats go down on the Bay of Biscay before his eyes, and they had expected to go too but the submarine disappeared. This, on top of all they have gone through, does seem too awful for words.

I heard a rather interesting thing from one of the men in regard to the submarining of the "Triumph." It seems that as soon as they discovered that she was hit the British had boats cruising all around the region where the submarine might be after hitting the "Triumph," and, besides, an aeroplane went up to see if it could be located. However, nothing could be seen or found, and later the conclusion was come to that the submarine actually hid under a hospital boat which at the time was anchored about two or three miles from the shore until she could safely get away. This man, like many another, from the shore saw the "Triumph" go down, and he said that strong men were moved to tears at the sight. The last gun ranged at the Turkish line was fired when the great ship was actually on her side, for she keeled right over so that the keel came up on top of the water. And so she went down."

Villa Riddett, Cannes.
August 9th, 1915.

"I delayed writing for a few days so as to be able to add my grateful thanks for the beautiful twenty cases of hospital requisites and children's clothing ,and for the long expected drugs which have been at Bordeaux since June 10th, and only to-day (just two months later) have I been able to unpack them. Even with the kind intervention of Monsieur Bella, of Gallia, it has been most difficult to get them through the Customs, as the law for importation of drugs is very strict, and in some cases prohibitive. However, they have come through, and Hospital Gallia has their share, for which they are deeply grateful.

They have very severe cases on just now, and the Head Surgical Nurse, Miss Luden, was rejoiced by the antiseptics, which have been greatly needed, also the ether; the chloroform also will be to many hospitals invaluable. Some use ether chiefly, so the distribution will be done accordingly. The adhesive plasters are a great boon also. To each and all our heartiest thanks.

And now let me thank you more in detail, for the lovely things were all so useful and all so well made, we hardly know where to begin. The dresses, rompers, shirts and other things were on show for some days and admiration was unbounded. To-day Price takes over to Juan les Pius a big parcel for 169 orphans there. To Cap Ferrat and Nice go others, and also to the refugees in other places. The rompers are fascinating things. The hospital requisites are all most useful. I am told of an hospital at Antibes, an improvised one, where the need and destitution are horrible. I will visit them next week and distribute your bounties there also. Particularly appreciated are the bed pads, cotton wool, gauze, bandages, sponges and compresses. Cotton wool lacks much in France now. The sheets from the Church of the Messiah and towels were nothing short of a Godsend. Mrs. Weller has insisted on the Hospital du Parc having 100 of the 120 for the floors of Miss Ramsay and Miss Buckley, also 50 towels. In spite of all gifts and the incessant work of the members of the linen room, the men, except of course the desperate cases, can only have one shirt per week for day and night and one pair of socks and one handkerchief.

It seems too greedy to hope for more gifts from Montreal, but should any be in contemplation, may I mention as most needed, shirts, sheets, socks, pyjamas, and, most of all, men's trousers, of any stuff, new or old; it is sometimes the case that a man has to stay in bed longer than needful for lack of indispensables. As for hospital requisites, those I have mentioned above, also any simple games, and surgeon's rubber gloves. I do not think old linen, though of course useful, worth paying freight on.

And now I must tell you with what pleasure I welcomed on Saturday afternoon Messrs. Cole and Kerry, who arrived that day after a safe voyage. Yesterday they came to my Sunday Canadian tea, and made acquaintance with fellow workers. Mr. Kerry starts to-morrow at the "Pare." Mr. Cole, after a few days' rest to get rid of a cold, will be at the "Gallia," where I introduced him to-day. Mr. Black has gone to England. We shall gladly welcome Mrs. Wheatly, Mrs. Houston and Miss Boardman, now at Yustoi. Also, I think I have found the Canadian nurse for the "Gallia," in the person of Miss Horth, fully qualified medical, surgical and an X-Ray Sister. She has had three months at the S. A. Ambulance, besides very much experience. This will be settled this week.

I wish I could take you and the kind friends out in Canada a walk down the Rue Dantibes to see the sad relics of the war, whom your goodness helps—lads on crutches, some bent almost on fours from bullets near the spine, others with bandaged heads, some all but blind, some maimed from frost bites; and if I could show you as in a glass, a hospital ward in the "Parc" this time five motionless figures in beds—the youngest nineteen, who has a leg and arm gone on the right side, besides other wounds, all silent—with a face like the suffering Christ, in a stained glass window. After weeks of suffering he had another operation yesterday to remove more bone. Near him a man with 42 shrapnel wounds, and so on. Not one moaning or complaining, only when I said to one, 'I hope you are suffering less,' he replied sadly, 'I am suffering a good deal, madam.' Can one do enough for those obscure heroes, whose pay, by the way, is, in the ranks, one-half penny a day.

The flannel shirts I have just laid aside for the present as they are too hot for now. All the cases through the American Relief Agency, in Paris, come with no trouble or charge here, except cartage, so please send anything else that way. The Bordeaux route is hopeless if sent straight here.

At present the dear girls are busy. Miss Campbell has fourteen days holiday at Thorsuc. Mrs. Weller is wonderful, but, I fear, doing too much."

Villa Riddett, Cannes, August 19, 1915.

"Your letter, so full of interest and containing lists of still further gifts en route has come. How absolutely superb is the spirit of generosity and helpfulness you are all showing for us, in Montreal and elsewhere. The gift of men's clothing announced from Messrs. Penman it is impossible to overestimate, for we are in great need of such. Please thank them for me, and when the cases arrive I will write them also.

To show you how great is the need of men's clothes for the convalescents, let me show you two little instances. Pyjamas of the beautiful make and coloring such as kind friends have sent the Association are quite unknown luxuries to most of the men, and, indeed, to some of the attendants. Some time ago Lady Waterlow gave a tea party to some of the convalescents from various hospitals. Garments to attend the function ran short—bitter disappointment, especially to two poor fellows left out—an "Idee luminouse," those beautiful pyjama suits which pass as "complete"—our two heroes appeared radiant at the party, one in blue-striped pyjamas and the other red, topped by straw hats, and enjoyed the fete immensely. The second incident occurred last Sunday, when some swimming matches and sports were gotten up to amuse the men down at the Square Brougham and Baths. Miss Buckley came to my usual Sunday Canadian tea and happened to say

that one of her men could not go for lack of trousers, the "Parc" cupboards being empty. By good luck I had one pair left of a store bought with a money gift in the winter. Kind Miss Buckley ran off with it in time to send her patient to the sports. So, please, my very kind friends, send us trousers, as many as you like, or the cash to buy them here, which, by watching opportunities of sales, we can so often do well. Now, this looks almost greedy, now that I have written it, and yet I have a feeling that the kind friends who send us such far-too-kind messages, will not misunderstand me.

Apropos of the sports I spoke of, Mr. Kerry, who took part to please the men, won every swimming race, being, we find, a champion swimmer. I may tell you that he is of the greatest use at "The Parc," and a great comfort to Miss Buckley, on whose floor he is—quiet, most willing, and learning easily what is required. Of Mr. Cole, I hear he is most deft in the bandaging and attendance, and is working under Mr. Sutherland, who is a very splendid fellow, till he is able to take a separate floor. He is a very nice young man. All the helpers are well and doing perfectly in their different spheres.

We will welcome Mrs. Wheatley warmly, and she will, I think, work with Miss Ramsay at the 'Parc.' Miss Ramsay is just wonderful—the way she takes hold. She is such a lovable dear girl that she wins all hearts. I wish I could see more of all those dear girls, but I have always a tea party on Sunday and a welcome for as many as can get out. Madamoiselle Martin is doing admirably. Dr. Ginner is much pleased.

I expect the cases you announce will come by American Clearing House. This is absolutely simple, and I have but to take delivery at La Bocca Pte. Vitesse, and have them carted here. Once here I put the association to no further expense for cartage in Cannes, as my man Francois wheels the various gifts around, and the further-off Cannes hospitals send for them. You will be interested to know that a case of your bandages and other comforts has gone further afield, namely to Greuix, in the Basses Alpes, a small place for special waters and where a hospital has been established. Madame Jourdain, who is there for treatment, begged me to send them, as they have hardly any help or helpers; also as the Medicin Major heard we had sent to Vallaurie, he begged her to plead for him, especially for the bed pads—please tell this with hearty thanks to Mrs. Learmont and helpers—so I sent a case and am hoping perhaps later to send someone to help for a month for a change from Cannes, as it is quite a different climate. I should much like Mrs. Weller to go as a relief from night work. She is really doing too much of this.

My cable will have told you that I have found a nurse by Miss Costigan's kindness. Miss Horth is a fully qualified trained nurse,

age 36. She had four years in the famous Queen's Hospital at Birmingham, where she took her qualifications for medical and surgical nursing, also as X-Ray nurse and masseuse. She then went to Johannesburg as X-Ray Sister to a specialist, but when the war broke out, felt such a call that she gave up that good appointment and came to England. She case as an X-Ray Sister to the S. A. here and worked there for three months. She gave in her resignation in consequence of a difficulty over her new apparatus, which had not been, she thought, fully tested, and about this a disagreement arose with the Chief. As she preferred to resign, they parted with her with regret; all her testimonials are excellent; she has consented to accept our offer to be the Canadian nurse for Miss Costigan with much pleasure and gratitude, salary £6 per month, the hospital gives room and board. I doubt, however, if she will not find it better for her health to take one meal out, as the fare and service is very rough in the hospital. If so, may I increase the pay for that purpose, as you have no traveling expenses to pay?

Do you remember me telling you of a poor lad who had lost an arm and leg at the "Parc." That poor creature has had erysipelas besides and suffered cruelly. He has been isolated with devoted Miss Kirby in attendance, and is, thanks to her care, pulling through. Did I tell you of the several men at the "Casino" shot in the back and bent nearly double? One looked as if he nearly walked on four legs. A most wonderful operation has been performed to try and straighten him out, and he lies on a table encased in plaster of paris."

The British Journal of Nursing for September 25, 1915, publishes a very interesting letter, which shows what the women of India are doing to help the Empire in this time of stress.

"A friend writes from India: 'It is really wonderful the work the Indian women are going on account of the war. I wish you could come out and see it for yourself. In the meantime you will gather from the report I send of the recent public meeting held in the Town Hall, Bombay, of the Women's Branch of the War and Relief Fund, to what heights of devotion to the Empire they have risen.'

"The hall was packed, and crowds watched the coming of His Excellency Lord Willingdon, who read letters of apology, amongst them one from Her Highness the Begum of Bhopal, who stated that she was extremely disappointed to be unable to attend the anniversary meeting of the Women's Branch of the War Relief Fund, but she felt convinced that the womanhood of India would rise to the occasion and would do all that lay in its power in response to the call of the Empire which was engaged in the most stupendous conflict in the history of the world.

"Lord Willingdon gave a report of the marvelous activities of the Women's Branch, which had contributed tens of thousands of boxes of various sorts to our troops in the various parts of the field of battle; had materially assisted in the equipment not only of the Bombay and Alexandria Hospitals, but also of the Colaba and the Marine Lines Hospitals. They had worked for the ambulance trains which take out troops from time to time from various depots to different parts of the country. Three lakhs of yards of cloth had passed through the branch's depot; and it was calculated that between three and four hundred thousands of garments had been made by the women of Bombay for our soldiers in the field. Generals in the field had required their help, and His Excellency ended his speech by saying: 'I consider that the women have shown a spirit of co-operation unexampled in the history of India—Europeans, Hindus, Mahomedans and Parsis, all combining together in what, I think, I may truly call, a great imperial endeavor. They have shown a magnificent organization, an enthusiastic zeal, and a business capacity which is an example to all of us and which is a credit to the presidency.'

"Mrs. Laurence, the wife of the Commissioner of Southern Division, described the work of the women of Belgaum. Mrs. Laurence said that phoenix-like, from the vast conflagration fired by the German Emperor, there had arisen wonderful sympathy between the women of all classes, of all communities, of all creeds—a sympathy and a co-operation which a year ago one would scarcely have deemed possible. To appreciate the force of the feeling one must realize that the orthodox view was tenaciously held that women should live entirely for their husbands, their homes and their children. But such a view of life did not take into consideration the fact that if our enemies were able to wage war in India, the women, like their unfortunate sisters in Belgium and in Poland, might, alas! have neither husbands nor children to care for!

"Thus the women of India had come forward and helped the women of England most nobly. They had given money; with their own hands they had made the chutnies and other dainties which Belgaum had been sending to the hospitals throughout the fighting zone, and also to the hospital ships. These dainties were called 'Whiffs from the East,' and they had been a great success. Bidis, amsol, tobacco, snuff, pickles, betelnuts, methkut, chutney, cocoanuts (dry), spices, and hair combs, cardamoms, cloves, chunam, and catechu.

"Mrs. Laurence told a tale of how, hearing a great clatter on her verandah, she found her large red Malabar squirrel had evidently caught a 'Whiff from the East.' It had managed to open a wooden box, and to lift up the lid of the tin, and went careering away with half a cocoanut in her mouth. As it had never stolen before it was

evidently the 'Whiff from the East' which had led it into sin—so by this it could be guessed how tempting these dainties were!

"Mrs. Laurence spoke of the care of the sick and wounded in the hospitals, and of the self-sacrifice of the women who helped them. She knew of a little English Bible woman whose salary was very small, who gave the whole of one month's pay to relieve the sick and wounded, and of a little Brahmin woman, who used to sit up night after night till one and two in the morning, knitting socks. But there must be many cases like this, for it seemed to be the fate of Germany to arouse in the womanhood of her enemies the spirit of sacrifice. Indeed, Germany, in the words of R. L. Stevenson, is 'stabbing our spirit broad awake.'

"Mrs. Sarojini Naidu, the well-known Indian writer and poetess, from Hyderabad, in course of a very eloquent speech said that in this great Indian Continent there was not a single Native State that had not contributed its share towards this war. She was proud to say that the womanhood of India had risen to the occasion and had sent its priceless treasures to the war—their fathers, brothers and sons—as champions to fight the cause of justice. They had shed their blood for the Empire—blood more precious than rubies.

"Here in India, Mrs. Naidu had seen Indian princesses, and ladies of noble birth, who had given up all frivolities and had spent night after night in stitching coarse garments for the soldiers on the field until their delicate fingers bled. The Indian womanhood had materially helped the soldiers in the field with their prayers—it was a common sight to see the women of the speaker's village keeping vigil night after night and sending currents and currents of the waves of their prayer for the success of their fathers, brothers and sons fighting the cause of the Empire. These prayers, Mrs. Naidu devotedly hoped, had strengthened the men in the field.

"The practical issue of this great struggle, said Mrs. Naidu, was the unification of the womanhood of the wide world. The prophets and seers of old had seen visions. And Mrs. Naidu saw great blessings in store to the coming human race after this war. It would be the beginning of "a new heaven and a heaven on earth." The old civilization was crumbling to dust—chaos, death and destruction had overtaken it. Every mother's prayer now should be—May my child grow up to help in unifying the great federation, brotherhood and sisterhood of the coming human race. Those who had sown would reap a hundredfold.

"Munificent subscriptions were announced, and a young Mohammedan lady handed to the chairman a large collection made by the Mohammedan purdah ladies present."

Editorial

THE NEED OF ORGANIZATION

Now that the nurses have settled down seriously to the work of another year, they should give some careful, definite thought to the affairs of the profession, those affairs that affect the standing of all nurses and mean the solidarity or otherwise of the profession. But it is not enough that careful, definite thought be given to these affairs, the thought must be crystallized into action.

The great need of the profession to-day is organization, complete organization. It is true we have organization—the machinery, as it were—but the rank and file of the nurses have no personal responsibility regarding it. The few are left to carry on the work that affects the profession as a whole and affects it vitally. This is most unjust to the few. Not only that, it is unjust to the profession, for there are so many things, important things, that it is utterly impossible for the few alone to accomplish.

Registration, for instance, might have been an accomplished fact long ago had complete organization prevailed. The few were powerless to take this great forward step, though they spared neither time nor energy in the attempt to do so. Were the rank and file who held themselves aloof from the struggle entirely blameless?

The profession, as a result of the lack of Registration, suffers incalculably. The war has emphasized this, for, had Registration prevailed, it would have been impossible for any but properly trained nurses to go to the Front. And just here let us ask those Associations that have never thought of their obligation to the National Association if they realize that they are responsible for the lack of the complete organization that would have enabled the National Association to control the selection of nurses for the war? Complete organization would enable nurses to control nursing affairs.

Then, too, the lack of complete organization has kept "The Canadian Nurse" from attaining to its full usefulness as the organ of the profession. Again the few are left to bear the burden and carry on the work as best they may. And again the result calls forth the knocks of the critical, who, by the way, are so often not the helpers and builders. It is so much easier to pull down than to build up.

Other instances that emphasize the need of complete organization might be cited. These will suffice to set the earnest nurses and the earnest associations thinking, and if they only think, we feel sure some definite forward action will result, and not only will the profession benefit, but the nurses and the associations will be encouraged and strengthened, and a new dignity will be theirs because of the courage and confidence begotten by unity.

THE NATIONAL ASSOCIATION

This year, owing to war conditions, the National Association thought it wise to cancel its annual meeting, but that does not mean that the work of the Association is not continuous. There seems to be more work of a national nature to be considered and undertaken this year than ever before. And that leads us to a consideration of the Associations sharing in this work. Looking into the membership of the National Association, we find only sixteen Alumnae Associations and seven Graduate Nurses' Associations on the roll. What is wrong with the other Associations? Are these twenty-three the only ones who realize their privileges and strive to live up to them? Can the others be so asleep that they don't know there is a National Association and so realize no obligation to it? That there are more Associations we know, for we have forty-four on our official list, and we feel sure there are still some Associations with which we have failed to get into touch.

Each affiliated Association might help to bring in others and so make our National really National. Can we not all do something along this line and set ourselves to the task of having every Association of Graduate Nurses in Canada on the roll of the National before the 1916 meeting? What will you do to help? You can get the necessary forms from the Secretary, whose name and address you will find in the Official Department.

THE FRENCH FLAG NURSING CORPS

It would greatly facilitate the work of the committee in handling applications for service in this corps if applicants would send the necessary information with their letter of application. The necessary information is: Training (certificate), experience, age, letters of recommendation from superintendents and physician.

The committee gratefully acknowledges the kindness of Mrs. K. M. Hutchins, 99 Dupont St., Toronto, who is giving lessons in French, free of charge, to nurses who are offering their services for this work. Mrs. Hutchins is a teacher of French, and is taking this method of helping on the work of the F.F.N.C.

Will all nurses please note that they may share in this good work by helping to send a nurse if they are debarred from going themselves.

The Secretary is Miss A. Weyer, 51 Grosvenor St., Toronto.

The article on "The Possible Amalgamation of Visiting, Hourly and Household Nursing," by Mrs. John H. Lowman, in *The American Journal of Nursing* for August, and which we reproduce in full in this issue, presents the most reasonable solution yet of the problem of providing skilled nursing for the person of moderate means. Our pages have contained discussions at various times, but the real solution, the definite step demonstrating the solution, has yet to be taken.

This paper should be a valuable aid in reaching the solution of the problem and in helping someone to take the definite step to demonstrate that solution.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Miss Kate Madden, Supt. of Nurses, City Hospital, Hamilton; First Vice-President, Mrs. W. S. Tilley, Brantford; Second Vice-President, Miss Kate Mathieson, Supt. Riverdale Hospital, Toronto; Recording Secretary, Miss E. McP. Dickson, Supt. of Nurses, Toronto Free Hospital for Consumptives, Weston; Corresponding Secretary, Miss Isabel Laidlaw, 137 Catherine St. N., Hamilton; Treasurer, Miss E. J. Jamieson, 23 Woodlawn Ave E., Toronto.

Directors: Jessie Cooper, Ina F. Pringle, J. G. McNeill, J. O'Connor, E. H. Dyke, L. M. Teeter, M. J. Allan, M. L. Anderson, S. B. Jackson, Isabel R. Sloane, and G. Burke, Toronto; Mrs. Reynolds, Miss Simons, Hamilton; Bertha Mowry, Peterboro; C. Milton, Kingston.

COMPULSORY REGISTRATION FOR NURSES

Miss Perrin, of Denver, Colo., states clearly and concisely the advantages of Compulsory Registration for Nurses in *The Pacific Coast Journal of Nursing* for September. She says:

"State registration for nurses gives a legal right to the title "R.N.," which is a guarantee that a nurse has a certain amount of intelligence to care for a patient. .

A compulsory registration law requires everyone who practices as a trained or graduate nurse to have a license.

A compulsory law is very easy to administer when it is once enforced.

We will consider Colorado's law, as it was one of the first states to secure a compulsory law and it is a state that has lived up to its law.

The members of the board in states with compulsory registration cannot sit in an office and wait for the nurses to come in and ask to be registered, but they must go out to them and oblige them to be registered. First, the board must get in touch with the nurse who comes to the state and intends to practice as trained. This is done through the hospitals, directories, doctors, drug stores, and by personal visits of a board member to the small towns of the state. If the nurse is eligible for registration she is sent application blanks. A copy of the law is always sent to every nurse whether eligible or not, so that she can not make the excuse that she did not know. When a nurse is not eligible for registration she is notified that she cannot practice as a trained nurse in the state, and as a rule she goes on to a state where there is no compulsory law. If the eligible nurse does not send in application within two or three weeks she is notified that if she does

not comply within a certain time the matter will be referred to the attorney-general for action. She either complies immediately or leaves the state. Nurses whose applications are complete and are waiting for the board's action are allowed to practice as trained nurses.

Compulsory registration benefits the training schools, as it requires them to give a definite amount of training and it requires a better class of pupils and that they must be prepared and properly equipped before they can pass the state board examination. When pupils fail to pass the required examination it spoils the reputation of the training school, and it is forced either to improve its school by employing more competent superintendents and instructors or to abolish the school.

Compulsory registration exposes the undergraduate and the practical nurse who try to sail under false colors. It keeps down the correspondence schools, and the little training schools that are started to get cheap nursing. It puts a check on the nurses, so that all of the graduates are known. It protects the public as well as the hospitals that employ graduates, for when one is in doubt about a nurse all that has to be done is to call up the state board office for information.

Last winter Colorado decided that the time had come to strengthen her law, which had worked successfully for ten years, so as to elevate and maintain a standard that will produce nurses equal to the demands of the present day. Under the new law a nurse cannot practice nor act in a professional capacity by virtue of claiming to be a trained graduate nurse without being duly registered. Our law allows us to make rules that supplement the law so as to carry out the purpose as well as the letter of the law. We have made no provision for the inspection of training schools, as every pupil is obliged to take the state board examinations, if she wishes to practice her profession in the state, and our board considers this a better check on training schools than inspection. The pupil during an examination under her oral and practical work has a chance to demonstrate what she has learned.

Very often an inspector of training schools is shown an elaborate equipment for training school work, but how can we prove or be sure that it is used, if the board does not examine every pupil?

Colorado has never had a lawsuit. We cannot say that every nurse in Colorado is registered, but every year the number is getting smaller, because the nurses are beginning to realize that they have a personal responsibility in the matter.

We hope that other states will take new courage and amend their laws so as to require a three years' training."

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

The 20th annual meeting of the Canadian Nurses' Association was held in the Medico Chirurgical Society's rooms, on Tuesday afternoon, October 5th, at 3.30 o'clock. Miss Phillips presided.

The meeting was opened by Lt.-Col. Canon Almond, who is home on furlough from the Front and who gave a most interesting account of his work there, the great courage and heroism of the men, and the splendid work that was being done by the doctors and nurses. Every man feels the great seriousness of it all and plays the game well. One remarkable feature of the devastation of France and Belgium was that everywhere churches and shrines were destroyed, but the German shell had not been able to touch a cross—the Cross of Jesus Christ still stands everywhere.

A hearty vote of thanks was tendered Canon Almond by the President and carried unanimously.

The reports of Registrar and Secretary-Treasurer showed a falling off owing to the war and so many of our nurses having gone to the Front.

It was decided to continue the work in the Griffintown Club, and Miss I. Stewart was appointed convener of that committee.

The reports being adopted, Miss Phillips left the chair, which was taken by Miss Colley, who asked for nominations for President. Miss Phillips was re-elected unanimously; Miss Colley, 1st Vice-President; Miss Dunlop, 2nd Vice-President; Secretary-Treasurer, Miss DesBrisay, pro tem. Committee: Misses White, F. Campbell, Hill, G. Wilson, R. Moffatt, S. Fraser, Hadrill, Dewar, Armstrong, McBeath, Welch, and Thompson.

Votes of thanks were tendered Mrs. Burch and Miss Phillips.

Thirteen new names were added to the roll of membership, after which the meeting adjourned.

It is most interesting to study the manifold growth from year to year in the new parts of the country—the North and the West. This year two most striking signs of rapid development have impressed me: First, the growth of progressive ideas pertaining to the temperance cause—the liquor traffic—and, secondly, the Woman's Suffrage movement. At every turn in the West this year we heard something bearing on those two subjects.

And where are we, as regards the temperance question? British Columbia is debating it hard, the old arguments are being brought forward: "You cannot legislate a people into sobriety," "We're British, it is anti-British to interfere with the liberty of British subjects," etc., and we find even the Anglican Clergy, still trying to be friends with everyone, occupying that most uncomfortable and undignified position "on the fence." One clergyman is quoted as having said: "The Church cannot take any stand in this fight, as she has to be the friend of publicans and sinners." Imagine such an argument being put forth before a supposedly intelligent audience! Those old arguments showed peculiarly pale, anaemic and atrophied this year, and notwithstanding the strong admixture of the Old Country forces in British Columbia, there is no doubt but that province will take a good stand on the side of progress in this particular before long, as she has shown herself so progressive in other matters.

Alberta—sunny Alberta—with its mountains, its majestic rivers, its foothills, sunny slopes, its teeming mines, with all their hardy and naturally honest toilers, Alberta has looked at the question with that keen, straightforward look, has peered into the future, has seen that fair province peopled by a people living their lives to the full—"their children strong, fair and upright, full of life and vigor, praising God for all the blessings that have been showered upon them." Alberta has declared for prohibition.

Saskatchewan has taken the first big step—the closing of the bars. And already wonderful results are noticeable in small towns as well

as in the cities, and many a cry has gone up: "Why, why was this not done before!"

Manitoba is pledged to prohibition. That province, now that the first steps have been taken to clean house, will, no doubt, forge ahead, and, next year, we look for great improvements in every line in that province.

And what about Votes for Women? Do you notice how differently that sounds to you now from what it did twenty years ago? It would be difficult to-day to find a man or woman of any account, in the West at least, who would acknowledge in public that he or she does not believe in Votes for Women.

British Columbia, notwithstanding all those Englishmen, will soon pass the measure, and Alberta, Saskatchewan and Manitoba will pass it just as soon as they can get it into shape. They are eager about it now. And then, before long, the progressive movement will carry the more conservative and unprogressive East with it, and we shall have Woman Suffrage a Dominion measure.

Think for one moment what it will mean to this wonderful land—Canada—when the liquor traffic lies dead, and men and women, hand-in-hand are working for the welfare of the whole people.

In both of these progressive changes, one woman has done much, very much, to bring them about. Mrs. Nellie McClung, with her honest, straightforward, witty, and, above all, kindly addresses has done more to bring about a change of heart with regard to both temperance and Votes for Women than will ever be known. She always speaks to packed houses. A man told me he believed Nellie McClung could draw a larger audience than any other speaker in the country. And she draws them from all ranks. She is the first woman in Canada to go on the political platform, and Roblin wishes she had stayed at home. Roblin believes strongly that "Woman's place is the home." So does Nellie, that is the reason she went on the platform, that is the reason she has worked so hard for the temperance and suffrage causes —she believes in her whole being in the home, but it must be a purified and beautified home.

The West has read the "writing on the wall." Let us hope the East will read it, too!

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B.C.

HOSPITALS AND NURSES

British Columbia

The Graduate Nurses' Association of British Columbia: President, Miss Wright, New Westminster, B.C.; 1st vice-president, Miss Randal, Vancouver, B.C.; 2nd vice-president, Miss Clarke, Victoria, B.C.; secretary-treasurer, Miss Breeze, 1032 Barclay St., Vancouver, B.C. Executive committee: Mrs. M. E. Johnson, Miss McGilvary, Miss Hart, Miss Judge, Miss Colvin, Miss Morrison.

The quarterly meeting of the Graduate Nurses' Association of British Columbia was held on September 18, 1915, in the Nurses' Home of the Vancouver General Hospital, at 8 p.m. Miss Wright, of New Westminster, the president, was in the chair. About sixty nurses were present. The minutes of the last general meeting and also the minutes of the executive committee meetings during the summer were read and adopted. Miss Breeze, secretary-treasurer, gave an account of the work done by the members throughout the province in the making of surgical supplies for the Front. Three large bales had been forwarded up to date, and the association had funds in hand to carry on the work.

A letter was then read from Miss Locke, of the Canadian National Association re "The Canadian Nurse." There was a discussion on the advisability of the Canadian National Association purchasing "The Canadian Nurse," and also the financial assistance the B. C. Graduate Nurses' Association would be able to give. The following motion was proposed and carried: "That the Graduate Nurses' Association of British Columbia favor the purchase of 'The Canadian Nurse' by the Canadian National Association, and are willing to contribute one hundred dollars ($100), payable in four years, towards purchase of same." Two papers followed—"The Citizens' Complaints," by Miss N. Walker, read by Miss Archibald, and very ably answered in defence of the nurses by Miss Mary Wilson in her paper. Mrs. Johnson led the discussion which followed, in which Miss Randal, Superintendent of Nurses, Vancouver General Hospital, took part. It was agreed that the private duty nurse had no ultimate authority to appeal to and no one to back her in cases of trouble. The president spoke a few words and suggested that the Registration Bill would be a help in such matters, and would constitute the highest authority.

Extracts full of interest from letters from Miss Drew, who went from Nova Scotia with the second contingent of nurses to the Front, were read by her cousin, Miss Dauphinee, also from Nova Scotia. Miss Drew wrote from No. 2 Canadian Hospital, near Le Treport.

The president then reminded the members of the recommendation passed by the executive committee of laying over the Registration Bill for Nurses for British Columbia this winter, depending on whether there was an election and change of government. After some dis-

cussion, it was proposed by Miss M. Wilson, seconded by Miss Archibald, "that the recommendation of the executive committee be adopted." Carried unanimously. The meeting then adjourned.

Miss Cecilia A. Gibson, graduate of Vancouver General Hospital, left the city on September 15th for Merritt, B.C., where she has taken over the duties of matron of the Nichola Valley General Hospital.

The uncompleted wing of the Royal Columbian Hospital, New Westminster, which would afford room for some 200 patients, will be offered to the militia for use as a base hospital for wounded Canadian soldiers, according to the decision reached by the members of the hospital board in annual session.

In response to a letter from Miss Burnabette Loneragan, who went from Vancouver in February with the No. 2 General Hospital, and is now at Le Treport, asking if it would be possible to send a gramophone for her ward in the hospital, her sister, Miss Elze Loneragan, promptly arranged two concerts, with the help of Mr. Sheridan Bickers. As a result, Miss Loneragan had the pleasure of sending an Edison disc phonograph with 25 records, costing $114.80, and an additional cheque for $20 to provide comforts for the men at Le Treport. Added to this, a cheque was given to the No. 5 Base Hospital.

The phonograph was, by the kindness of Lady Tupper, sent with the Daughters of the Empire supplies last week, so the sick men will be again reminded of the kindly thought of Vancouver people.

Speaking of the country around Dieppe Miss Loneragan says the wheat fields are one mass of poppies and cornflowers, and all the country round is under cultivation. Everything seems so peaceful, that except for the abundance of crepe around it would almost be impossible to imagine that war was in the air.

Miss L. Kier, N.S., A.M.C., who has been on active service in a British hospital near Rouen, has been transferred to No. 1 Canadian General Hospital at Etaples, France. Miss Kier is a graduate of St. Paul's Hospital, Vancouver, and a niece of Mrs. T. M. Stevens, Point Grey Road.

Miss Carmichael, operating room nurse at Prince Rupert General Hospital, has been appointed matron and head nurse to that institution in the stead of Miss McTavish, who resigned a short time ago to return East.

Saskatchewan

The Regina Branch of the Saskatchewan Graduate Nurses' Association has raised $312.00 for the Saskatchewan Hospital Unit by raffling a lot donated to the Hospital Unit by Mr. Broder, of Regina. Tickets were printed and sold at 25 cents a chance, the holder of the lucky number receiving the lot.

The nurses of this society are also donating a bed for the Hospital Unit by voluntary subscription.

At the regular meeting, on October 5th, it was decided to hold a bazaar on November 27th. There will be both needlework and home cookery to sell. The funds are for Red Cross and relief work during the winter months.

MANITOBA

Winnipeg: A miscellaneous shower was given by the nurses at the Graduate Nurses' Residence, Wolseley Ave., in honor of Miss Jane Tudhope, class '11, Winnipeg General Hospital, an October bride-to-be. Miss Tudhope received many pretty and useful gifts.

Miss Crichton and Miss Starr were the hostesses at a hot water bag shower, given at the Nurses' Residence, Wolseley Ave., on September 16. Clusters of flags and patriotic colored ribbons decorated the tea room. The tea table was centred with red and white tea roses. 89 water bags, 4 ice caps, 4 bed rings and 5 yards of rubber sheeting were the result of the shower. These have been donated to the Red Cross Society for the hospitals at the Front.

Nursing Sister Gladys Bliss, graduate of Ottawa General Hospital, was thrown from her horse at Camp Sewell and seriously injured. We are pleased to report she is making a good recovery at Winnipeg General Hospital. Miss Bliss is a daughter of Colonel Bliss, now on active service.

The Manitoba Association of Graduate Nurses held its first meeting after the summer vacation on September 28, 1915, at the Nurses' Residence. In the absence of Mrs. Willard Hill, the president, Miss Starr, 1st vice-president, presided. Reports were read from conveners of the different committees. Miss Johns, Superintendent of the Children's Hospital, read an interesting paper on experiences while in Teachers' College, Columbia University, New York. This was greatly appreciated and a hearty vote of thanks was given her. At the conclusion of the meeting afternoon tea was served.

Miss Crichton, at Nurses' Residence, has been confined to her room the past week. We are glad to report her able to be out again.

Mrs. Willard Hill, president of the Manitoba Association of Graduate Nurses, who, with her family, spent the holiday season at her cottage at Minaki, has returned to the city.

Miss E. Champion, who is engaged in city anti-tuberculosis work, has returned after six months leave of absence on account of ill health, and will resume her duties on October 1st. We are very glad to report Miss Champion much improved in health. During her absence her position was ably filled by Miss McGilvray.

Miss Gauld has returned from a pleasant vacation of two months spent at Edson, Alberta.

The Manitoba Association of Graduate Nurses have donated $100 for two beds at Cliveden Hospital, England. They also sent $50 worth of surgical supplies to same hospital.

ONTARIO

In the September issue we gave some quotations from San Francisco papers on the Congress. One referred to the attractions of Public Health Nursing, and was attributed to Miss Ella Phillips Crandall, Executive Secretary of the National Organization for Public Health Nursing in the United States.

We have heard from Miss Crandall to the effect that she was seriously misquoted by one of the reporters of the San Francisco Chronicle, from which our note was taken.

Miss Crandall says: The fact is that I enjoyed private duty as much as any nurse of my acquaintance and gave it up most reluctantly to enter upon the duties of superintendent of a hospital and training school, in which field I spent ten years.

"While I do consider that the field of public health nursing gives more freedom than the others, and more diversity in the nurse's life, I still have not the least disposition to underrate the dignity of the other services nor the constant compensations which they offer.

"Nothing could be further from the truth than the statement that the nurse—the public health nurse—is growing away from the physician. I never fail to mention on every platform where I speak that the ethics and etiquette obtaining between the medical and nursing professions are just as rigidly adhered to and just as incumbent upon the public health nurse as they are on the institutional and private duty workers."

We are glad Miss Crandall drew our attention to this matter and gave us the opportunity of correcting the error.

It will be a great shock to many nurses all over Ontario to learn of the death of Helen N. W. Smith, R.N., of Hamilton, who answered the last call on October 6, 1915. Miss Smith took her training in the New York Hospital, graduating in March, 1906. After graduating, she took a position as supervisor of the Private Patient Corridor of the New York Hospital. This position she held only a short time, as she was summoned home owing to the illness of her father. Her next position was superintendent of a maternity hospital in East New York, which she held until 1910, when she came to Hamilton and took charge of the Babies' Dispensary Guild, a position she held at the time of her death. Through her great personal effort this well-organized charity, known from coast to coast, stands as a fitting monument of her endeavor. The community will miss her much. The poor went to her, told of their misery, met sympathy, and were stimulated by her

kindly advice to take courage and try again. She had a great knowledge of the social conditions of the city, and unselfishly lent her every effort to improve these.

The profession in Hamilton has lost a warm friend and ardent worker. She was the first chairman of the Hamilton Chapter of the Graduate Nurses' Association of Ontario, and represented the nurses in the National Council of Women. Of her and her work it can truly be said: "Faithful and well done."

Miss Kate Templeton, graduate of the Hospital for Sick Children, Toronto, has been appointed school nurse in the Public Schools of Sault Ste. Marie, Ontario.

Miss Nellie Turner (St.M.H.), who is at the Duchess of Connaught Hospital, Cliveden, England, spent her holidays at her home in Ireland.

Quebec

The usual monthly meeting of the Montreal General Hospital Alumnae Association was held on Friday afternoon, September 10th, in the drawing room of the Nurses' Home, with Miss Colley in the chair. The attendance was small, as several of the nurses are holidaying. After the usual routine business refreshments were served by members of the hospital staff.

Miss F. M. Strumm, who was seriously ill with typhoid pneumonia in the hospital, is now recuperating at Val Morin, Que. Her many friends among the nurses are delighted to hear of her splendid recovery and welcome her back again to her staff duties in the institution.

Miss A. M. Becksted is spending her holidays with her sister in Schenectady, N.Y.

We note with pleasure the news that Miss Upton, M.G.H., '08, has been promoted to Captain since going to France as an army nurse, and there have been rumors that she has since gone to the Dardanelles.

Misses Mildred Forbes and Laura Holland, M.G.H. graduates, who were nursing in Cliveden Hospital, England, volunteered for service in the Dardanelles, and were accepted, sailing shortly afterwards.

Miss Jones, who underwent a serious operation some time ago in the hospital, has returned to the city fully restored to health again.

Some of the nurses who had returned from holidays recently are: Misses Hutchins, Hogan, Perry, and Amy DesBrisay.

Miss Barry, class '10, returned from Quebec city, having taken the military course there.

A class of twelve have lately received their medals and diplomas as graduates of Montreal General Hospital. They also hold diplomas of Montreal Maternity. The names are given alphabetically: Misses Arnoldi, Babbit, Barrett, Gullison, Lauctree, Violet Larter, Lillian Larter, O'Dell, B.A., Outterson, Pyke, Scott, and Sargent.

Mr. and Mrs. Hammond (nee Pauline Betters) have gone from Syracuse, N.Y., to reside in Bermingham, Ala.

NOVA SCOTIA

The annual meeting of the Graduate Nurses' Association of Nova Scotia, by the kindness of the Superintendent of the hospital and by Mrs. Bowman, Superintendent of Nurses, will be held as usual at the Nurses' Home of the Victoria General.

Twenty-six members of the association are now on the Military Service. Letters are frequently received from Misses Ellis, M. Mosher, and others in France, and from Miss Ada Benrie, at Shorncliffe Hospital.

The news that the Medical Unit volunteered by the University of Dalhousie has been accepted by the War Office is likely to affect private nursing conditions in Nova Scotia. The unit will include twenty-seven nurses. These will, as far as possible, be graduates of the Victoria General Hospital, Halifax.

Nursing Sister Doyle, who has been critically ill, is now convalescent.

At the September meeting of the Graduate Nurses' Association, held at Restholm, an exceptionally large number of members were present to take leave of the retiring president, Miss Kirke, whose departure from Halifax is so much regretted by all members of the nursing profession.

The meeting was opened with prayer, and after the roll call and reports from the secretary, treasurer and registrar, two presentations were made to Miss Kirke, one from the Association, being some gold pieces in a silver coin purse on which was inscribed: "Presented to Violet T. Kirke, by the officers and members of the Graduate Nurses' Association, in grateful acknowledgement of services rendered."

From the nurses "Sick Benefit Fund," Miss Kirke received a paid up policy for three years' benefit.

The presentation was made by Mrs. D. D. Forrest, who expressed with much feeling on behalf of the nurses their appreciation of Miss Kirke's invaluable services, her broadminded sympathy and persevering labors. The meeting was in every way a representative one, although so many members are now absent on active service abroad.

Among those present were Matron Pope, R.R.C.; Nursing Sisters Hubley, Graham, McLean and Rice; Miss Kirkpatrick, Superintendent Truro Hospital; several old graduates of the Victoria General Hospital, and the newly-appointed Superintendent of Nurses, Mrs. Bowman, Miss Kirke's successor.

Tea was served by the Misses McKeil, Matheson and Mellefont. After some musical selections the meeting closed with the National Anthem.

THE NURSES' LIBRARY

The Tuberculosis Nurse, Her Function and Her Qualifications. A Handbook for Practical Workers in the Tuberculosis Campaign. By Ellen N. La Motte, R.N., graduate of Johns Hopkins Hospital; former Nurse-in-Chief of the Tuberculosis Division, Health Department, Baltimore. Introduction by Louis Hamman, M.D., Physician in Charge Phipps Tuberculosis Dispensary, Johns Hopkins University.

G. P. Putnam's Sons, New York and London. The Knickerbocker Press. Price $1.50 net.

The author states she has two objects in view in presenting this book to the public—"First, to offer a working model by which any community can gain some idea as to how to organize and conduct tuberculosis work; second, to offer conclusions, gained through practical experience, as to the nurse's part in the anti-tuberculosis campaign."

Miss La Motte really gives her readers the benefit of her eight years' experience in special tuberculosis work, first under a private organization and later under municipal control.

How to carry on a successful anti-tuberculosis campaign is clearly and definitely explained. "The object of the anti-tuberculosis campaign is the eradication of tuberculosis. "Our experience has been to prove that the simplest and most direct method of controlling this disease is through the segregation—the voluntary segregation—of the distributor, and that to remove the patient from an environment where he is dangerous to one where he is harmless is the function of the public health nurse. This is her chief and foremost duty, and all others are subsidiary to it."

Simplified Infant Feeding, with seventy-five illustrative cases. By Roger H. Dennett, B.S., M.D., Adjunct Professor of Diseases of Children, New York Post-Graduate Medical School; Attending Physician of the Children's Department, New York Post-Graduate Hospital; Assistant Attending Physician at the Willard Parker Hospital and the Red Cross Hospital, New York. With 14 illustrations.

J. B. Lippincott Company, Philadelphia and London; 201 Unity Building, Montreal.

This very practical and complete work should be in the hands of every nurse doing infant welfare work, as well as those having in any way the care of infants. Accurate knowledge often means the "ounce of prevention" which counts for so much where infants are concerned. This book gives you this accurate, practical knowledge which may enable you to save a little life.

Practical Lessons in Nursing. Fever Nursing. Designed for the use of professional and other nurses, and especially as a textbook for nurses in training. By J. C. Wilson, A.M., M.D., author of "A Treatise on the Continued Fevers" and "A Handbook of Medical Diagnosis"; Emeritus Physician to the Pennsylvania Hospital; Physician-in-Chief

STANDARD Floor Dressing

insures hospitals against the dust evil. It is sanitary because it holds down the dust on the floor and kills the germs which the dust contains. Standard Floor Dressing preserves the floors; it penetrates and fills the pores of the wood and keeps out dust and dirt. It is economical; one gallon will cover from 500 to 700 square feet of floor. Standard Floor Dressing greatly improves the appearance of the floor and prevents it from warping and cracking. For prices and any further information, address our nearest office.

THE IMPERIAL OIL COMPANY
Limited

BRANCHES IN ALL CITIES

Made in Canada

to the German Hospital, Philadelphia; Emeritus Professor of the Practice of Medicine and of Clinical Medicine in the Jefferson Medical College; Consulting Physician to the Rush Hospital for Consumptives, the Jewish Hospital, the Bryn Mawr Hospital, the Philadelphia Lying-in Charity, and to the Widener Memorial Home for Crippled Children; president of the College of Physicians of Philadelphia; member of the Association of American Physicians, etc., etc., formerly Visiting Physician to the Philadelphia Hospital and St. Agnes' Hospital. Eighth edition, revised and enlarged.

J. B. Lippincott Company, Philadelphia and London.

This very complete textbook on fevers and fever nursing has been thoroughly revised to make it meet the need of the nurses who are preparing for the wider fields of usefulness opened to them by social service and now by the war. That particular knowledge necessary for success in this branch of work is obtainable here.

Cancer, Its Cause and Treatment. By L. Duncan Bulkley, A.M., M.D., Senior Physician the New York Skin and Cancer Hospital, etc.

8vo., cloth, 224 pages. Price $1.50 net. Paul B. Hoeber, Medical Publisher, 67, 69 East 59th Street, New York.

"Cancer has hitherto been regarded almost wholly from its histological and surgical aspects. But relatively little attention has been paid to the dietetic and medical aspects of this most threatening malady, although voices have been raised from time to time, claiming that the basic cause is constitutional, and that it depends largely on diet and mode of life. In the present book the author has collected from literature and analyzed the evidence of the constitutional nature of cancer, and presents his own experience in its dietetic and medical treatment, during the past thirty years, with reports of cases." Owing to the alarming increase of this disease this contribution to the solution of the cancer problem is most timely and should be welcomed by the profession.

"World Wide" on the War. This splendid weekly publication is performing an unusually important service to Canada during this greatest of all international wars of the world's history. "World Wide" selects and presents to its readers every Saturday the ablest articles by the ablest writers in Britain and America on the war situation and its consequences. It thus reflects the current thought of both hemispheres in these critical times. Eminent men and women all over the country acknowledge its great worth. Who can afford to be without it? "Almost every article in almost every issue you feel you would like to put away among your treasures, or send to some friend." If you wish to keep informed on world events in the least possible time read "World Wide."

Subscription rate $1.50 per annum, or on trial for three months for only 25 cents. Send to John Dougall & Son, publishers, "Witness" Block, Montreal.

A Message To Every Canadian Nurse

When you read of "Cereal Infant Foods", Malted Foods, and Infant Foods requiring the *addition* of milk, you realize the contrast between these goods and

Glaxo

The Food That ***"Builds Bonnie Babies"***

Being in itself pure milk (with sufficient added cream and lactose to bring it up to the ideal standard of babies' *natural* sustenance) Glaxo is in a class by itself.

Glaxo is made in New Zealand, the finest dairy country in the world, and is prepared for use in a moment by the addition of hot water. It *cannot be wrongly used by your patient.* There is satisfaction for you in this.

Glaxo is also a splendid restorative in convalescence after operations, and for use wherever the digestive organs are weak.

A sample will be sent to any nurse mentioning this paper.

Glaxo

CANADIAN OFFICE

418 Dominion Bank Bldg., Toronto

"Canadian Pictorial," Canada's Most Artistic and Popular Magazine. This elegant magazine delights the eye while it instructs the mind concerning the picturesque doings of an interesting and highly entertaining world. Its war pictures are alone worth the money. Each issue is literally crowded with the highest quality of photogravures, many of them worth framing. It is the most popular "Pick-me-up" on the waiting room tables of leading doctors throughout the Dominion, and in the big public libraries it is literally "used up" by the many who are attracted by its entertaining and beautiful pages. It's a "love at sight" publication and it has departmental features of great interest to the young woman and the home-maker. Of it—just to quote one man's praise from among thousands—the late Rt. Hon. Lord Strathcona, wrote: "The 'Canadian Pictorial' is a publication which, if I may be permitted to say so, is a credit to Canada. (Signed) Strathcona." On trial to new subscribers—twelve months for only 65 cents.

The "Canadian Pictorial" is published by The Pictorial Publishing Co., "Witness" Block, Montreal, Canada. Try it for a year on above offer.

War Articles Worth Following. The "Witness" articles on the war situation are appreciated throughout Canada by the best informed people, for their clearness and sincerity, as well as for their fine spirit, breadth and foresight. The Montreal "Weekly Witness" is a truly great national paper. It always has been and still is absolutely owned and edited by Dougalls, Mr. John Redpath Dougall being its editor. While some papers are notoriously and obviously at the beck and call of predatory interests, there are others, like the Montreal "Weekly Witness" that have maintained their independence. It has never groveled. It has never touted. It has never pandered. The "Witness" is its unique self, loved by its friends, hated by its enemies. During the past three generations it has conscientiously, devotedly and very efficiently served its country in many ways, notably in its campaign for temperance, righteousness, religious liberty, education, and everything looking towards lower cost and higher plane of living. If Canada is not yet enjoying to the full the benefits of these things, it is far ahead of many other countries in most of them, and this is due in no small measure to the stand or, more correctly, the splendid campaigns of the "Witness" whenever opportunity afforded. The welfare of the Canadian farmer in particular has always been considered of prime importance by the editor of the "Witness," and the "Witness" has done yeoman service to agriculture. To bona fide new subscribers mentioning the name of this paper, one trial year may be had for only 65 cents, or three months on trial only fifteen cents. The publishers are, as always, John Dougall & Son, "Witness" Office, Montreal. The "Weekly Witness" has now no connection with any daily newspaper and is the healthier for it.

Courses in Public Health Nursing

The Boston Instructive District Nursing Association offers two courses in preparation for public health nursing.

The Eight Months' Course is offered by the Association in connection with **Simmons College** (Harvard University) and the **School for Social Workers.** The work at Simmons College includes courses in sanitary science and public health, preventive medicine, social legislation, and household economics. At the School for Social Workers lectures and conferences throughout the year on the principles and methods of social service, with related practical work. Practical nursing experience arranged by the Instructive District Nursing Association. Tuition fee, $80.00.

The Four Months' Course, under the direct management of this Association, is designed to give a basis for the varieties of social work where nurses are in demand. Instruction is given in the procedures of district and visiting nursing in all its branches, and experience provided in the principles and methods of organized relief. Field work, lectures and class discussion.

For further information apply to

MISS A. M. CARR

561 Massachusetts Ave., Boston, Mass.

New York Polyclinic Post-Graduate School for Nurses

¶ Offers nine months course in the following branches: Surgery, including emergency work; Operating Room Technic; Sterilization; Gynecology; Pediatrics; Eye, Ear, Nose, Throat; Orthopedics; Cystoscopy.

¶ Classes by resident instructor, supplemented by bedside instruction. Lectures by Attending Staff. Special Course in Dietetics. Diploma awarded on satisfactory completion of course. Registry maintained for graduates and frequent opportunities given to obtain institutional positions. Remuneration: board, lodging, laundry, and $12 monthly.

¶ A special course of four months duration is offered to those specially qualified. Remuneration: board, lodging, laundry and $6 monthly.

E. LETA CARD, R.N.
Superintendent of Nurses
341-351 West 50th St., New York

Obstetric Nursing

The Chicago Lying-in Hospital offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training, and a six-months' post-graduate course to nurses who are graduates of training schools connected with hospitals for the insane and sanitariums giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of training schools associated with general hospitals and a six-months' course to pupils of training schools associated with hospitals for the insane or sanitariums.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

Address

Chicago Lying-in Hospital and Dispensary

5038 Vincennes Ave Chicago

THE CANADIAN NURSE EDITORIAL BOARD

Newfoundland

Miss Southcott, Supt. Training School for Nurses, Gen. Hosp., St. John's.

Prince Edward Island

Miss A. M. Ross, Supt. Prince Edward Island Hospital, Charlottetown.

Cape Breton

Mrs. Lornay, Brooklands, Sydney, N.S.

Nova Scotia

Miss Pemberton, Supt. Restholm Hospital, Halifax.

Miss Kirke, Supt. Victoria General Hospital, Halifax.

New Brunswick

Mrs. Richards, Supt. Victoria Public Hospital, Fredericton.

Miss Hegan, 75 Pitt St., St. John.

Quebec

Miss H. A. Des Brisay, 16 The Poinciana, 56 Sherbrooke St. W., Montreal.

Miss Colquhoun, 301 Mackay St., Montreal.

Miss Emily Freeland, 285 Mountain St., Montreal.

Miss Hersey, Supt. Royal Victoria Hospital, Montreal.

Miss L. E. Young, Asst. Supt. Montreal General Hospital, Montreal.

Miss M. Vernon Young, 56 Sherbrooke St. West, Montreal.

Miss Grace E. Nourse, 5 Elizabeth St., Sherbrooke.

Ontario

Miss Morton, Supt. Gen. and Marine Hospital, Collingwood.

Miss MacWilliams, Supt. General Hospital, Oshawa.

Miss Robinson, Toronto General Hospital.

Miss Janet E. Anderson, 35 Norwich St., Guelph.

Miss Bessie Street, 137 Catherine St. N., Hamilton.

Miss Annie Baillie, 237 Queen St., Kingston.

Miss M. A. MacKenzie, Chief Supt. V.O.N., Somerset St., Ottawa.

Miss M. A. Ferguson, 476 Bonsecord St., Peterboro.

Miss L. Regan, St. Joseph's Hospital, Port Arthur.

Miss Jewison, 71 First Ave., Toronto.

Miss Ewing, 295 Sherbourne St., Toronto.

Miss S. B. Jackson, 36 Prince Arthur Ave., Toronto.

Miss M. Russell, 24 Patterson Ave., Ottawa.

Miss McNeill, 82 Gloucester St., Toronto.

Miss J. I. Gunn, Toronto General Hospital.

Miss E. F. Neelin, General Hospital, Kincardine.

Miss A. M. Connor, 853 Bathurst Street, Toronto.

Miss C. V. Swayze, 2 Lyman Street, St. Catharines.

Miss J. Ferguson, 596 Sherbourne Street, Toronto.

Miss Lennox, 32 Bernard Avenue, Toronto.

Miss G. A. Hodgson, 26 Foxbar Rd., Toronto.

Mrs. W. Cummins, 95 High St., London.

Miss G. A. Gowans, 5 Dupont St., Toronto.

Miss Butchart, Toronto.

Miss E. Master, 27 Ellen St. E., Berlin.

Manitoba

Miss Birtles, Supt. General Hospital, Brandon.

Miss Wilson, Supt. of Nurses, General Hospital, Winnipeg.

Miss M. I. Burns, General Hospital, Winnipeg.

Saskatchewan

Miss Jean E. Browne, Alexandra School, Hamilton St., Regina.

Alberta

Miss M. M. Lamb, 562 Kirkness St., Edmonton.

Miss McPhedran, 1514 Eleventh Ave. W., Calgary.

British Columbia

Miss Judge, 811 Thurlow St., Vancouver.

Miss M. H. Clarke, 1080 St. Charles St., Victoria.

Miss Rene Norcross, 1274 Mitchell St., Victoria.

Yukon Territory

Miss Burkholder, Hospital of the Good Samaritan, Dawson.

BOARD OF DIRECTORS

Mis J. I. Gunn, Toronto, President.

Miss M. E. Christie, 39 Classic Ave., Toronto Secretary-Treasurer.

Miss Lennox, Toronto.

Miss J. G. McNeill, Toronto.

Miss A. I. Robinson, Toronto.

Editor

Miss Bella Crosby, 295 Sherbourne Street, Toronto.

School of Medical Gymnastics and Massage

61 East 86th St., New York, N.Y.

POST-GRADUATE COURSE

A. Practical: Swedish Movements, Orthopedic Gymnastics, Baking, Manual and Vibratory Massage.

B. Theoretical: Lectures on Anatomy, Physiology, essential parts of Pathology, etc.

All communications should be directed to

Gudrun Friis-Holm, M.D.

Instructor in Massage at the following Hospitals: Roosevelt, St. Luke, New York, New York Post-Graduate, Bellevue, and others.

GRAND PRIZE
Panama-Pacific Exposition
San Francisco, 1915

GRAND PRIZE
Panama-California Exposition
San Diego, 1915

REGISTERED TRADE-MARK

Baker's Cocoa

is as delicious in flavor as it is high in quality and absolute in purity.

All of our goods sold in Canada are made in Canada

Booklet of Choicest recipes sent free on request

Walter Baker & Co., Limited

Established 1780

Montreal, Can. **Dorchester, Mass.**

The Neurological Institute of New York

offers a six months' Post Graduate Course to Nurses. Thorough practical and theoretical instruction will be given in the conduct of nervous diseases, especially in the application of water, heat, light, electricity, suggestion and re-education as curative measures.

$20.00 a month will be paid together with board, lodging and laundry. Application to be made to Miss E. F. Rivington, Superintendent, 149 East 67th St., New York City.

Tell your friends in the profession about this paper. Every subscription received makes it more useful in every way.

HOME FOR NURSES

Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanatoriums in the city) a splendid opportunity to become acquainted and established in their profession. Address 106 West 61st Street, New York City. Phone Columbus 7780-7781.

OPERATING ROOM NURSE WANTED

Wanted: A graduate nurse to take charge of the operating room. Must have had experience in and be thoroughly familiar with the technique and the general management of that department. To avoid unnecessary correspondence, address with full particulars, giving age, experience, references, etc., Arthur B. Ancker, M.D., Supt. City and County Hospital, St. Paul, Minnesota.

POSITION WANTED

Hospital position wanted by graduate obstetrical nurse (2 years trained) for October. Near Montreal preferred. Address: c.o. B. A., 24 Fort Street, Montreal, Que.

POSITION WANTED

As Night Operator or Surgical Ward Nurse, by a Canadian graduate of 1909. Credentials on request. Address L. E., c.o. Canadian Nurse, 32 Colborne St., Toronto.

ND

Official Department

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Helen Randal, Vancouver, B.C.; Secretary, Miss Phillips, 750 St. Urbain St., Montreal.

The Canadian National Association of Trained Nurses.—President, Miss S. P. Wright, Vancouver, B.C.; Secretary, Miss Jean I. Gunn, Toronto General Hospital.

The Canadian Nurses' Association, Montreal.—President, Miss Phillips; Cor. Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Tilley; Rec. Sec., Miss I. F. Pringle, 310 Brunswick Ave., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss E. M. Dawson; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss McPhedran, General Hospital; Secretary, Mrs. J. W. Hugill, 828 Royal Ave.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Miss Martin, 346 Victoria Ave.

The Ottawa Graduate Nurses' Association.—President, Miss Grace Moore; Secretary, Mrs. Hawkins.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. M. Douglas; Cor. Sec., Miss L. M. Kopkings, General Hospital.

The Hamilton City Hospital Alumnae Association.—President, Miss Laidlaw; Cor. Sec., Miss Bessie Sadler, 100 Grant Ave.

The London Victoria Hospital Alumnae Association.—President, Miss Gilchrist; Secretary, Miss McIntosh, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Mrs. Nicol; Secretary, Mrs. S. F. Campbell.

The Manitoba Association of Graduate Nurses.—President, Mrs. Willard J. Hill; Secretary, Miss E. Gilroy, 674 Arlington St., Winnipeg.

The Montreal General Hospital Alumnae Association.—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 318 Grosvenor Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Mrs. Stanley; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas., Mrs. J. G. Smith.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Miss Merle McCormack; Secretary, Miss Annie E. Moyer.

The Toronto General Hospital Alumnae Association.—President, Miss Janet Neilson; Cor. Sec., Mrs. N. Aubin, 505 Sherbourne Street.

The Toronto Graduate Nurses' Club.—President, Mrs. Struthers, 558 Bathurst St.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 295 Sherbourne St.

The Toronto Grace Hospital Alumnae Association.—President, Miss L. Smith; Secretary, Miss M. E. Henderson, 552 Bathurst St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Lela Teeter; Cor. Sec., Miss C. Cameron, 137 Macpherson Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss McNeill; Secretary, Miss Annie Day, 86 Maitland St.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Stubberfield; Secretary, Miss Foy, 163 Concord Avenue.

The Toronto Western Hospital Alumnae Association.—President, Miss S. B. Jackson; Cor. Sec., Miss Lena Davis, Hospital for Insane, Queen St. W.

The Winnipeg General Hospital Alumnae Association.—President, Miss Hood; Secretary, Miss M. F. Gray, General Hospital.

The Vancouver Graduate Nurses' Association.—President, Miss C. C. Trew; Secretary, Miss Ruth Judge, 811 Thurlow St.

The Vancouver General Hospital Alumnae Association.—President, Miss Ruth Judge; Secretary, Miss H. Mackay, 3476 Powell St.

The Victoria Trained Nurses' Club.—President, Miss G. H. Jones; Secretary, Miss H. G. Turner.

The Florence Nightingale Association, Toronto.—President, Miss I. F. Pringle; Secretary, Miss J. C. Wardell, 113 Delaware Ave.

Nicholl's Hospital Alumnae Association, Peterboro.—President, Miss Ferguson; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital.

The Canadian Public School Nurses' Association.—President, Miss E. J. Jamieson; Secretary, Miss Miss M. E. Misner, 16 Ulster St., Toronto.

The Graduate Nurses' Association of Thunder Bay.—President, Mrs. J. W. Cook; Secretary, Miss L. Regan, St. Joseph's Hospital, Port Arthur, Ont.

The Medicine Hat Association of Graduate Nurses.—President, Miss V. L. Winslow; Secretary, Miss Ford, General Hospital, Medicine Hat, Alta.

The Alumnae Association of Ottawa General Hospital.—President, Miss Margaret Brankin; Secretary, Miss P. Redmond, 125 Nicholas St.

The Graduate Nurses' Association of Berlin and Waterloo.—President, Mrs. E. C. Pieper; Secretary, Miss Elsie Masters, 27 Ellen St. E., Berlin, Ont.

The Graduate Nurses' Association of Sarnia.—President, Miss Douglas; Secretary, Miss Parry.

The Eastern Townships Graduate Nurses' Association.—President, Miss Orford; Secretary, Miss Helen Hetherington, 29 Queen St., Sherbrooke, Que.

Newfoundland Graduate Nurses' Association.—President, Miss Southcott; Secretary, Miss Borden, General Hospital, St. John's.

New Brunswick Graduate Nurses' Association—President, Miss E. P. Hegan,; Cor. Secretary, Miss A. A. Burns.

The Woodstock General Hospital Alumnae Association.—President, Mrs. V. L. Francis; Corresponding-Secretary, Miss Kathleen Markey, Wellington S. N., Woodstock, Ont.

Our Creed

TO HAVE everything done right and neatly; to produce such merchandise as will give satisfaction to the wearer; to consider every detail sufficiently vital enough to give it thought and care—these have been our aims from the very inception of this business.

How well this policy has paid us is evident in the loyalty of thousands of Nurses who have become enthusiastic wearers of the Dix-Make Uniform.

Sold by leading stores. Our label on every garment is for your protection.

Blue Book of styles and full information gladly sent on request

Henry A. Dix & Sons Co., Dept. B Dix Bldg. **New York**

The senses delight in the velvety softness and the exquisite rose odor of Na-Dru-Co Royal Rose Talcum. One could scarcely imagine anything finer, smoother or more pleasing. 25 cents a tin.

National Drug & Chemical Co. of Canada, Limited, Montreal

Na-Dru-Co Royal Rose Talcum Powder

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss Ina F. Pringle, 310 Brunswick Ave.; Vice-President, Miss Ferguson, 596 Sherbourne St.; Secretary, Miss Jean C. Wardell, R.N., 290½ Dundas St.; Treasurer, Miss Millan, 30 Brunswick Ave.

Board of Directors—Misses Morrison, Code, Nash, Wilson, Didsbury, M. A. MacKenzie, Mrs. J. McCullough and Mrs. Wigham.

Representatives to Central Registry Committee—Misses Pringle and Wardell.

"The Canadian Nurse" Representative—Miss Jessie Ferguson, 596 Sherbourne Street.

Regular Meeting—First Tuesday, every second month.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO.

President—Miss A. MacDougal; Vice-President, Miss McVicar; Secretary-Treasurer, Miss L. Whiting.

Conveners of Committees—Sick Visiting, Social and Look-Out, Miss Ida Rasser, Victoria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Program Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High Street.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Laidlaw; First Vice-President, Miss M. Aitken; Second Vice-President, Mrs. Malcolmson; Recording Secretary, Miss M. Ross; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Avenue; Treasurer, Miss A. Carscallen, 176 Catherine Street North.

Regular Meeting—First Tuesday, 3 p.m.

The Canadian Nurse Representative—Miss D. E. Street, 137 Catherine Street North.

Committee—Misses Kennedy, C. Kerr, M. Brennen, Waller and Mrs. Newson.

THE ALUMNAE ASSOCIATION OF TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

Honorary President, Miss Snively, 50 Maitland St., Toronto; President, Miss Janet Neilson, 295 Carlton St.; First Vice-President, Miss M. A. B. Ellis; Second Vice-President, Miss B. Gibbons; Recording Secretary, Miss B. Harmer; Corresponding Secretary, Mrs. N. Hillary Aubin, 22 Westview Court, 27 Christie St., College 5378; Treasurer, Miss Anna Oram, 986 Gerrard St. E.

Directors—Misses Florence Ross, Mildred Allen, Annie L. Campbell.

Conveners of Committees—Social, Miss Elizabeth Morris, 35 Aylmer Ave.; Lookout, Miss Anna Oram, 986 Gerrard St. E.; Programme, Miss Neilson; Registration, Miss Bella Crosby, 295 Sherbourne St.

Representatives on Central Registry Committee, Miss Edna Dow and Miss Minnie Samson.

Representative to The Canadian Nurse, Miss Lennox, 32 Bernard Ave.

Regular meeting—First Wednesday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President—Miss Stubberfield, 1 St. Thomas Street; First Vice-President, Miss Chalue, 514 Brunswick Avenue; Second Vice-President, Miss B. Hayes, 853 Bathurst Street; Secretary, Miss M. I. Foy, 163 Concord Avenue; Treasurer, Miss B. Hinchey, 853 Bathurst Street.

Board of Directors—Miss A. Dolan, 592 Markham Street; Miss L. Statton, 596 Sherbourne Street; Miss T. Johnson, 423 Sherbourne Street.

Representatives on Central Registry Committee—Miss S. Crowley, 853 Bathurst Street; Miss Margaret Cameron, 69 Breadalbane Street.

Secretary-Treasurer Sick Benefit Association—Miss J. O'Connor, 853 Bathurst Street.

Representative The Canadian Nurse: Miss A. M. Connor, 853 Bathurst Street.

Regular Meeting—Second Monday every two months.

Instruction in Massage

Gymnastics, Original Swedish (Ling) System
Electro- and Hydro-Therapy

Theoretical and practical instruction. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Hygiene, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Hospital positions secured after graduation. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon application.

Fall Class—Second Section opens Nov. 17, 1915

Winter Class opens January 19, 1916

Duration of term four months

Pennsylvania Orthopaedic Institute & School of Mechano-Therapy (Incorporated)

1709 & 1711 Green St., Philadelphia, Pa.

MAX J. WALTER, M.D., Supt.

TO THE NURSE

THE peculiar combination of natural mineral elements in RAINIER NATURAL SOAP, creating as it does complete asepsis, makes this soap particularly valuable to the Nurse, both for her personal toilet use and for her cases.

It is effective in almost any inflammation or eruption of the skin, as it exerts a cooling, soothing influence and hastens the healing process.

RAINIER NATURAL SOAP is about 85 per cent. Refined Mineral Saxonite and 15 per cent. pure soap.

To demonstrate its efficiency for the Nurse's use, we will gladly send on request

FULL SIZE TRIAL CAKE

Sold regularly by druggists for 25c. per cake.

RAINIER MINE COMPANY

Buffalo, N.Y.

MALTINE

With CASCARA SAGRADA

For Constipation and Hemorrhoids

CASCARA SAGRADA is acknowledged to be the best and most effective laxative known, producing painless and satisfactory movements. Combined with the nutritive, tonic and digestive properties of Maltine, it forms a preparation far excelling the various pills and potions which possess only purgative elements. The latter more or less violently FORCE the action of the bowels, and distressing reaction almost invariably follows, while Maltine with Cascara Sagrada ASSISTS NATURE, and instead of leaving the organs in an exhausted condition, so strengthens and invigorates them that their normal action is soon permanently restored.

For sale by all druggists.

THE MALTINE COMPANY

88 Wellington St. West, TORONTO

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Mrs. Goodson; President, Miss Leta Teeter, 498 Dovercourt Road; 1st Vice-President, Miss Mary Hill, 105 Roxborough St. E.; 2nd Vice-President, Miss O. Campbell.

Treasurer, Miss I. Anderson, The Ainger Apts., corner Bloor and Sherbourne Streets.

Recording Secretary, Miss M. McNeil, Hospital for Sick Children.

Corresponding Secretary, Miss Keefer, 321 College St.

Conveners of Committees—General Business, Miss Jamieson; Sick Visiting, Miss Witters, 127 Walmer Road.

Press Representative and "The Canadian Nurse" Representative, Miss W. M. Armstrong. Representatives on Central Registry Committee, Misses Fraser and Barnhart.

Regular Meeting, Second Thursday, 3.30 p.m.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Miss Scott, Superintendent of Nurses, Western Hospital; President, Miss S. B. Jackson, 36 Prince Arthur Ave.; First Vice-President, Mrs. Baillie; Second Vice-President, Mrs. Rowntree; Recording Secretary, Mrs. Gilroy, 490 Spadina Ave.; Corresponding Secretary, Mrs. Geo. Valentine, 55 Lakeview Ave; Treasurer, Mrs. MacLean, 702 Shaw St

Directors—Mrs. MacConnell, Mrs. Yorke, Mrs. Bell, Misses Rose, Annan and Pringle.

Committees—Visiting, Misses Cooper, Adele Jackson and Wice; Programme, Misses Misner, Chisholm and Boggs.

Representatives on Central Registry Committee—Misses Anderson and Cooney.

"The Canadian Nurse" Representative—Miss Creighton, 424 Euclid Ave.

Regular Meeting—First Friday, 3 p.m.

THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO.

Honorary President, Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital; President, Miss L. Segsworth; First Vice-President, Miss C. E. De Vellin; Second Vice-President, Miss I. R. Sloane; Secretary, Miss Pearl Wood; Assistant Secretary, Miss E. Henderson; Treasurer, Miss Irvine, 596 Sherbourne Street.

Directors: Misses Cunningham, Bates, Upper.

Conveners of Committees: Social, Miss Etta McPherson; Programme, Miss Rowan; Press and Publication, Miss L. Smith; Representative to The Canadian Nurse, Miss Jewison, 71 First Avenue.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO

President, Miss J. G. McNeill, 82 Gloucester St.; Vice-President, Miss K. Mathieson, Superintendent Riverdale Hospital; Secretary, Miss Luney, Riverdale Hospital; Treasurer, Miss Kirk, 336 Crawford St.

Executive Committee—Misses K. Scott, Murphy, and Mrs. Lane.

Conveners of Committees—Sick Visiting, Miss Honey; Programme, Miss E. Scott.

Representatives on Central Registry Committee—Misses Piggott and Rork.

Representative "The Canadian Nurse"—Miss J. G. McNeill.

Regular Meeting—First Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA.

President, Miss A. C. Starr, 753 Wolseley Ave., Winnipeg; First Vice-President, Miss H Sykes, 753 Wolseley Ave.; Second Vice-President, Miss L. Tracy, 244 Arlington St., Winnipeg; Secretary, Miss Barbara MacKinnon, 753 Wolseley Ave.; Treasurer, Miss J. Tracy, 244 Arlington Street.

Conveners of Committees: Executive, Miss Stella Gordon, 251 Stradbrook Ave., Winnipeg; Social, Miss E. Manion, 191 Home St., Winnipeg; Sick Visiting, Miss J. Stensly, 753 Wolseley Ave.

Regular Monthly Meeting—Second Thursday at 3 p.m.

The Canadian Nurse

wants a subscription from every trained nurse and hospital authority in Canada.

If you are not a subscriber now, send in your subscription.

6 oz. Sprinkler Top

GLYCO-THYMOLINE
DENTAL
CONTAINS FOUR PER CENT OF ALCOHOL
IS PUT UP IN THIS STYLE WITH SPRINKLE TOP FOR DENTAL PURPOSES USED DAILY AS A DENTIFRICE AND MOUTH WASH
Kress & Owen Company
MFG. CHEMISTS
361-363 PEARL ST. NEW YORK

Glyco-Thymoline is an ideal daily mouth wash. Reduces inflammation of Mucous Membrane without irritation.

Used in conjunction with the K. & O. Nasal Douche for treating Nasal Catarrh.

KRESS & OWEN COMPANY
361-363 Pearl Street, NEW YORK